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ABSTRACT

Seven papers are presented from a 1982 conference on interagency collaboration in special education. Participants at the conference represented a variety of disciplines. B. McNulty and E. Soper cite 14 critical elements of successful interagency practice in chapter I, including communication, conflict resolution strategies, commitment to an ongoing process, and knowledge of external forces and influences. In the next chapter, E. Edgar and M. Maddox advance the Cookbook Model, an approach to interagency collaboration in which simple 'recipes' are developed, field tested, and disseminated. Notes on the evaluation of interagency collaboration are offered by J. McLaughlin and J. Elder, who propose an evaluation framework with hierarchical levels of use and concern. In the chapter on current practice, J. Elder summarizes a technical assistance project designed to improve services to preschoool handicapped children through interagency collaboration. Suggestions for group leaders are presented by B. McNulty in the chapter entitled "Managing Interagency Groups." The Maryland State Department of Education offers guidelines for the establishment and implementation of a multiple agency approach to services in chapter VI. In the final chapter, "Social Shock: The Devolution of Human Services," G. Bass addresses implications of the federal effort to turn the responsibility for human services over to the states. (CL)

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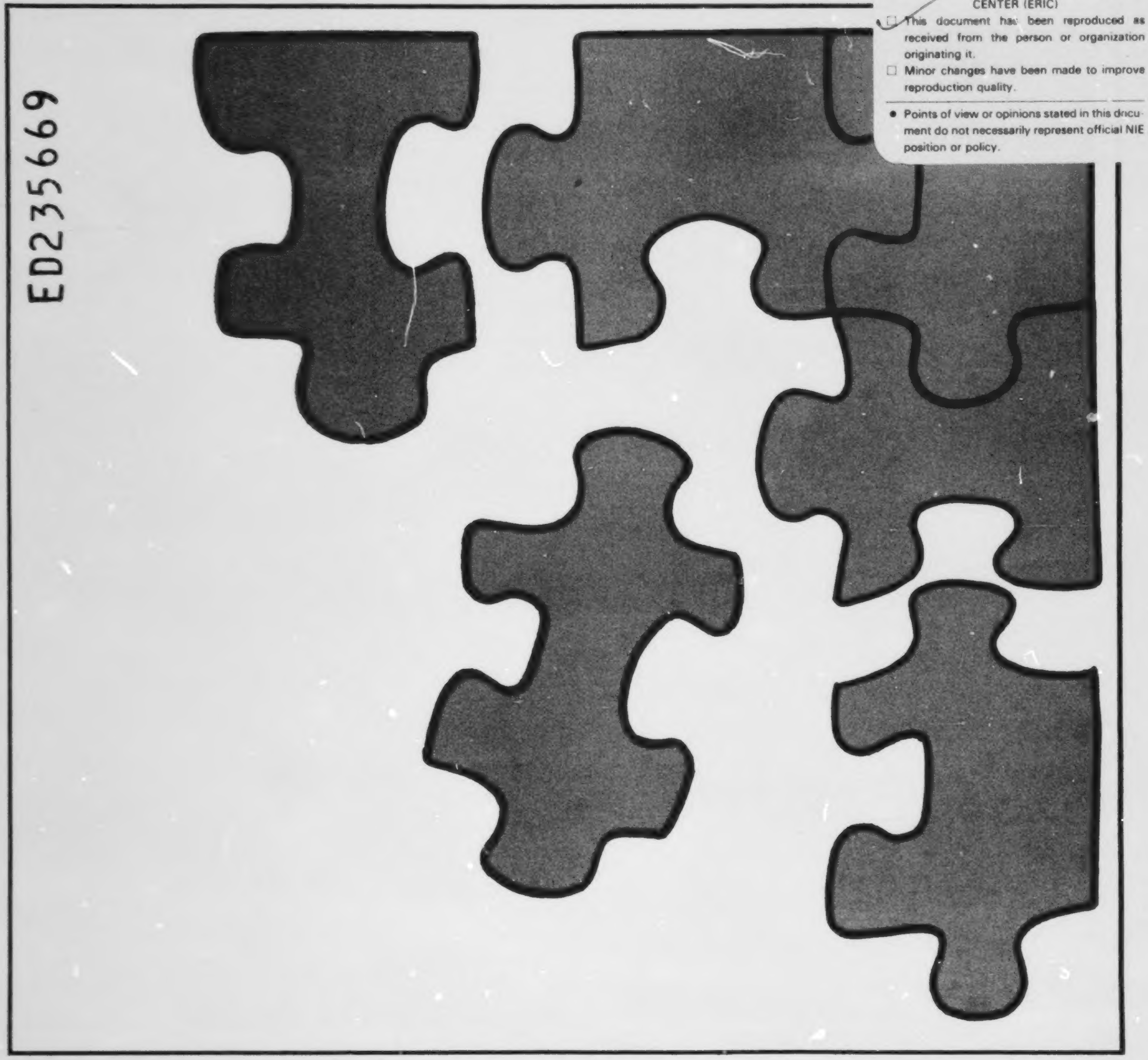

Perspectives on Interagency Collaboration

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PREFACE

In June, 1982 a group of nationally recognized individuals were selected to participate in a symposium to discuss issues related to interagency collaboration. The symposium was jointly sponsored by the Colorado Department of Education, under the auspices of its State Implementation Grant, and WESTAR (Western States Technical Assistance Resource).

The individuals invited to participate were selected based on their extensive experience in interagency practice. The participants offered a representative sample of varying and diverse perspectives. Included were state agency personnel, federal consultants, university researchers, administrators, local practitioners and private consultants. All areas of the country from the west to the east coast, north and south, were represented.

The meeting was two days in length, and was structured entirely as a round table discussion. No formal presentations were requested or made. The symposium did, however, provide an opportunity for group discussion of those "critical elements" for successful interagency practice, which were identified by the participants.

Each participant had prepared a brief list of what he or she considered the top four or five key elements. The lists were offered for discussion at the outset of the symposium. From there, the discussion flowed. No expectations for "outcomes" had been established in advance which allowed participants the freedom to argue, concur, belabor, reiterate, proselytize, or express any idea which seemed pertinent at the moment.

The participants of the symposium recognized that the ideas shared during the two days may have had significance. Thus, a consensus was reached that there may be some value in attempting to capture, in writing, both the essence of the discussion, and the perspectives of the individuals involved. The preface, the introduction, and Chapter I represent the synthesis of those ideas contributed by the symposium participants listed.

Chapter II (Edgar and Maddox) presents a "cookbook" approach to interagency collaboration. Chapter III (McLaughlin and Elder) discusses an approach to the evaluation of interagency activities. Chapter IV (Elder) is a synopsis of the work of the American Association of University Affiliated Programs for the Developmentally Disabled Technical Assistance Project. Chapter V (McNulty) is concerned with the management of interagency groups. Chapter VI presents the Maryland State Department of Education's guidelines for interagency activities. Chapter VII (Bass) provides perspectives on the future of human services.

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INTRODUCTION

Brian A. McNulty and Elizabeth Soper

The human services sector is now facing a crisis. Rapid increases in services and expenditures have resulted in a maze of programs and services so complex and disorganized as to defy effective operations (Brewer and Kakalik, 1979). In addressing this crisis, providers and agencies have initiated new efforts aimed at the coordination and integration of human services.

Various models have been proposed to help explain this interorganizational phenomenon, but to date they have been focused on the organizational perspective and have not provided the practitioner with enough information. Common to the Exchange Model (Levine and White, 1961), the Political Economy Model (Benson, 1975), and the Dialectical Model (Zeitz, 1980) is the central concept that interorganizational exchange is an emerging concept. Conflict and coordination, as systems, are paradoxically intertwined as they adapt to environmental demands, and move toward balance and equilibrium.

While the symposium did provide a global theoretical framework, the symposium participants found themselves more concerned with practical questions regarding the scope, level, and degree of change needed or required for successful interagency endeavors. Discussion centered on whether intervention efforts should be more global or specific. In attempting to provide focus to the discussion, participants considered the following:

1) immediate identifiable problems vs. anticipated problems (crisis vs. planning);
2) acute problems vs. chronic problems;
3) client centered problems vs. system centered problems.

These issues caused the participants to re-examine the overall purpose of collaborative efforts. Is the purpose aimed at keeping the existing human services paradigm patched together, or is it to design and develop a whole new human services paradigm? Should collaborative efforts react to, and attempt to solve single problems, or should they attempt to address problems associated with the total service delivery system? Should the focus of interagency collaboration be process or product oriented? Finally, "Are these alternatives mutually exclusive?"

While these questions may seem rhetorical in print, they pose a great dilemma to the practitioner regarding the nature and scope of potential intervention. The current problems faced by organizations, while presenting new demands and limitations, also present great opportunities for systems change. The overall question, then, of how to manage this transition was of great concern to the symposium participants.

While it was felt that some factors, such as time, resources, and administrative support, might facilitate these decisions, consideration must be given to the process of change. Should the change agent be a part of, or external to, the system. While the external consultant has the advantage of being more objective, he/she may be more limited in terms of time and information. The question of "how much, how quickly?" becomes a major consideration. As the outside consultant, he/she may need to maintain a more clearly delineated focus, purpose, and time perspective, which are consistent with the perspective of the organization.

The internal consultant, while being more subjective and potentially biased, may have a greater information base and a longer time perspective. He/she may be able to make the long term commitment needed for total system change.

In addition to the interventionist's perspective, the questions remain, "Is the goal to pursue global or specific change?" "Should intervention assist individuals so they can work with the system?" or "Should intervention be provided to the system so that it can work with individuals?" Furthermore, are the potentital solutions mutually exclusive, or might the concept of "requisite variety," as suggested by Connant and Ashby (1970), be accomplished. This concept stresses the need for multiple and diverse conceptual frameworks; "diversity in the phenomenon should be matched by diversity in the inquirer. More simply stated, "only variety can understand variety" (Lotto, 1981). It may be, then, that by viewing organizational functioning differently, we shall be able to resolve this global-vs.-specific dilemma.

Individuals involved in interagency coordination are keenly aware that organizations find themselves constantly adjusting to meet the new demands of a diverse environment. This ongoing adaptation attempts to bring the organization more in harmony with current expectations and to achieve a new equilibrium, or balance. Although change is usually "incremental, subtle, spontaneous, and unplanned" (Carroll, 1981), it impacts on the organization's negotiated order. Consequently, organizations are constantly in the process of organizing and adapting. One might go so far as to say that two of the more basic tendencies of organizations are adaptation and organization. Taking this logic one step further may provide additional clarification to the present dilemma. If we accept these basic tendencies of adaptation and organization, we may want to view organizations from a developmental perspective, much as we view individual functioning.

Developmental theory (Piaget) views adaptation in terms of two complementary processes, assimilation and accommodation. It appears that these two processes closely resemble the two components of the present dilemma. Specifically, "assimilation" involves the incorporation of new information and experiences into currently existing structures, while "accommodation" involves modifying current structures as a result of new information and experiences. A balance of both assimilation and accommodation is required for adaptation. The organization attempts to maintain consistency by incorporating information into its existing structures, but then, as a result of these experiences, finds it necessary to adjust its structure to meet environmental demands. This adjustment brings the organization back in equilibrium with its environment. Organizational structures, like cognitive structures, gradually tend toward equilibrium.

Since assimilation and accommodation are complementary processes, they are both necessary for adaptation. Consequently, it may be necessary to provide the organization with both integrative and disintegrative experiences to achieve organizational change. This requires a focus on the immediate, identifiable, discrete problems within the system, realizing that attention to these problems may provide the broader focus and framework necessary for systems level change. Stated more practically, needed intervention must begin with clearly identified issues and achievable objectives, building a history of successful experiences. Only then, can major changes be explored. Although the problem may be clearly systemic, we may need to deal with the identified symptoms first, gain some success, then naturally move to larger more global issues. We must always keep in mind that the perception of the problems, as well as any proposed solutions, are dependent on the individual's or organization's actual experiences. Consequently, individuals and organizations would rather live with their problems than with solutions that they don't understand. It must also be remembered that the implementation of the recommendations for change are based on a set of beliefs about what kind of solutions tend to work well. Since people see what they already believe exists, progressive experiences must be provided which allow individuals and, collectively, organizations, to view situations in a different light. These beliefs and the framework change over time, based on the experiences provided. It is the paradoxical reciprocity involved in the assimilation and accommodation of experiences that makes change possible.

The cumulative effect of these experiences in addressing specific problems may therefore result in the acceptance of the need for more global, systemwide change. This "history of success," "weight of tradition," or "communal memory" impacts heavily upon the individual and the organization, their ability to perceive problems, and their commitment to any proposed changes. Individuals and organizations react, not only in terms of their knowledge, but also, in terms of their experience or history.

It may be, then, that individuals involved in the interagency planning need to follow more of an "accordion path" which provides both convergent and divergent activities. They must constantly decide "whether to view the organization in a broader context in order to increase understanding or more narrowly in order to focus on the most important or workable aspects of the problem. Over time, both divergent and convergent (or scanning and focusing) activities are necessary. Throughout the process, planners should ask "'Do we need to know more before we proceed?' 'Do we need to concentrate our attention before we can proceed?' Thus the accordion path of planning involves successive periods of information gathering and focused activity." (Hoff, 1981).

Events are constantly occurring, both within and outside the organization, which result in organizational changes. The complexity of organizations and the change process necessitates varied approaches, since no single approach or theory can fully explain the process. In addition, consideration must also be given to factors such as the scope, sequence, and level of change, the amount of time and resources available, the history of success, where to start, and some further consideration of where we are going.

The concepts of assimilation and accommodation may provide us with a perspective on organizational change (or adaptation). The need for systemic ongoing interagency experiences, which provide for paradoxical perspectives, confirming and conflicting information, and cognitive dissonance, it appears, is necessary.

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CHAPTER I

CRITICAL ELEMENTS OF SUCCESSFUL INTERAGENCY PRACTICE

Brian A. McNulty   Elizabeth Soper

In attempting to identify and describe the "critical elements" of successful interagency practice (the initial task or goal of this symposim), it appears that these elements fall into two broad categories. One category includes a number of ongoing, dynamic issues that underlie any group or organizational effort and certainly are relevant to the group activities necessary for implementing interagency coordination. The other category includes more discrete components and processes that relate specifically to interagency practice. The first category, comprised of dynamic issues, includes the following elements:

1. communication
2. group dynamics and group behavior
3. conflict resolution strategies
4. management of transition
5. commitment to an ongoing process

The second category, comprised of discrete components, includes:

1. shared needs and common goals
2. definition of roles and responsibilities
3. leadership roles
4. commitment of time and resources
5. knowledge of external forces and influences
6. identification of, and focus on, target population
7. utilization of procedural guidelines
8. benefit/cost analysis
9. evaluation procedures

Each of these issues and components has several dimensions, some obvious and some controversial. The various philosophical perspectives and experiences of the symposium participants allowed for an in-depth discussion of all these elements and the expression of different viewpoints. The rest of this chapter will be devoted to further description of each of these elements.

This chapter consists of an abridged synthesis of considerable group discussion, selected quotations from a taped record, written transcription of the symposium, and quotes from correspondence with the participants. Thus, it may seem a bit choppy and even contradictory in parts. Remember, however, that these descriptions reflect the spontaneous thinking of a group who collectively, is probably as experienced and as knowledgable in the area of interagency collaboration as any in this country.

Communication

Critical to any cooperative effort is the issue of communication. The ability of the participants or actors in the cooperative endeavor to accurately and adequately share information, ideas, feelings, and values will greatly influence the outcomes of the collaborative efforts. The accuracy and effectiveness of communication within a group is affected by many variables which are largely predetermined and impervious to external influence. These variables include: 1) the size of the group, 2) the familiarity among group members, 3) the desire and ability on the part of the participants to communicate, 4) the empathy with which participants deal with one another, and 5) a common language. Even though these variables, as well as the communicative styles and abilities of the individuals, cannot be controlled at the outset, they, and all aspects of communication within the group, constitute an extremely important dimension of how successful or unsuccessful the group's endeavors will be.

Communication serves various functions and can be expressed through various means, both verbal and nonverbal. In a group context, if the group is to be productive, all participants need to be sensitive to the occasional incongruence between an individual's communicative content and communicative intent Although the hope would be that, as speakers, we each try to communicate clearly, completely, and honestly, as listeners we also need to be able at times to "read between the lines" or hear between the words.

Group Dynamics and Group Behavior

In dealing with collaborative efforts the group becomes an entity in itself as well as a composite of the entities of the individuals within the group. Group dynamics, group behavior, and individual behavior within the group, are all crucial elements to the success of the group endeavor The behavior of the individuals within the group and, consequently, the "group behavior" involves the attitudes, values and perceptions of the individuals, all of which are critical in determining whether cooperation can be achieved. Particularly important is the interpersonal dynamics among participants; issues of power, status and ego can, and often do, create obstacles to successful planning and implementation.

Stages can be defined for both the development of each individual's identification with the group and for the development of the group as its own entity. Unless the hierarchy of these steps is achieved the group will have difficulty with effective planning. Each individual enters the group with stated concerns for self or agency, (What am I or my agency going to get out of this? What am I going to have to give? Why am I here?). In time, this shifts to concerns of self as a member of the "team" (Where do I stand? How adequate am I? How do others view me?). Finally, as the individual's identity as group member is established, the concern becomes one of group collaboration itself (Are the objectives being met? Is the target audience being served? How can the collaboration be improved?). The growth of the group involves states which have been defined in many terms, but which generally follow a logical sequence leading to effective action. First, the group engages in rather superficial introductory sharing of selves ("forming"); second, conflicts and differences are identified ("storming"); third, conflicts reach resolution in some manner and common goals are acknowledged ("norming"); and, finally, concrete planning is initiated ("performing").

As stated, the behavior that individuals bring to the group and the interactions among the participants is critical to the success of the collaborative effort. In the process of building the group into an effective working team the identification and recognition of the working behavior styles of the participants can be a significant step. Various personality indices can be used in a nonthreatening manner to assist in this recognition process. Simulations and role playing are other tools that can move the individuals toward the initial goal of establishing the group's identity and becoming a "team". The basic notion is the "if I understand where I'm coming from and where you're coming from, we can better work together."

The interpersonal dynamics of the group should, if possible, be considered in selecting individuals to participate in the interagency process. If there are significant ideological differences between the participants, it may be difficult to ever get beyond the group "storming" stage to "performing". Trust needs to develop among the participants, and individuals should be persistent, tenacious, resilient and personable.

Conflict Resolution Strategies

The type of problem-solving approach or conflict resolution strategy used in decision-making was cited repeatedly as one of the most crucial elements for successful group endeavors. However, conflicts must first be identified and acknowledged.

The suppression of conflict at the initial states of group planning, in an attempt to move more rapidly toward a specific goal, may provide a feeling of initial short-term success. In the long run, however, this tactic will not lead to successful ongoing planning as the means to the goal, in all probability will not be acceptable to all the participants. Those involved in the decision-making process must be willing to both acknowledge and encourage differences and to use a true problem-solving approach. Win - lose attitudes and strategies do not lead to successful group practice. A problem-solving approach which focuses on the group goals and reaching of consensus through acceptable compromise results in everyone's investment in, and ownership of, the decision and a higher likelihood of implementation of the decision.

Management of Transition

Interagency collaboration by definition necessitates change on the part of the agencies and individuals involved. If systems, services, procedures, etc. do not change in the process of developing interagency coordination, the collaboration efforts serve no purpose. Transitions generally do not occur effortlessly. The concrete, tangible changes which must accompany interagency collaboration often require changes in the behavior, attitudes and perceptions of the participants. Coordination efforts can be facilitated by attention to, and management of, this transition process. The group must recognize and accept the reality that the change process takes time. Typically, it takes up to 18 months between the initiation of interagency coordination and the actual implementation of planning efforts. Throughout this process change is required without the group seeing significant "pay off" for their efforts. If change can be defined in small steps with realistic goals, the negative impact of the long transition can be reduced.

The group must be sensitive to the various reactions of individuals to the changes, and the sometimes disproportionate impact of the changes, even when decisions are reached by groups consensus and compromises. How individuals react to the change process may be related to the history of change within their own agencies. Investment in the status-quo may be much heavier for those coming from agencies where innovation has not been a major characteristic.

Commitment to an On-going Process

The final issue identified as critical to the process of successful interagency collaboration is the recognition and commitment on the part of the individual participants to the coordination efforts as being an on-going process. Interagency collaboration cannot be viewed as a one-time event or product. In order to establish the necessary communication links, interagency collaboration must be done on an active on-going basis. Individuals must be identified by their agencies and given sufficient time to participate in the process. Although enthusiasm for the novelty of interagency collaboration may suffice in the initial efforts, a commitment to the process over time is essential to perpetuate its functions. Those involved in the process in the planning phase should include individuals who will be responsible for the process at the implementation phase.

The preceding issues are global on-going concerns. Following are the specific components relevant to interagency collaborative activities.

Shared Needs and Common Goals

There can be little incentive to initiate interagency coordination activities unless the participants involved perceive that they have common problems, needs, and/or goals that can be dealt with effectively through a combining of their resources and efforts. The mutual ownership of the problem or goal assures that each agency has a vested interest in developing solutions and a commitment to the eventual success of the activities. The shared needs of the agencies may be identified and defined locally, they may be identified by an external source or they may be created by external circumstances such as changes in state statutes or changes in fiscal resources. Whatever the initial identification of the need for interagency cooperation, the participants must recognize and acknowledge their shared concerns in order for the interagency effort to be meaningful. Ultimately, they are the ones who must make the commitment to seeing the process through.

In addition to recognizing the common purposes and goals for the endeavor, these goals should be agreed upon in writing with tangible benefits for all participants. Establishing short-term immediate concrete objectives can also provide feelings of success and contribute to motivation for continued commitment. Goals can and should change over time. Always, however, the goals must be mutually agreed upon in order for the process to continue to work.

Definition of Roles and Responsibilities

As a function of developing and maintaining commitment to the process of interagency collaboration, the roles and responsibilities of each participant should be defined and acknowledged; and, adequate resources should be provided to the participants to allow them to effectively meet their responsibilities. The definition of roles refers not only to the actual participants in the cooperative effort, but also to any external facilities and to the state agencies as they relate to their local counterparts. State and local roles and responsibilities need to be differentiated clearly, and the efforts of both state and local planners must be coordinated and synchronous.

The higher unit of state government and the policy and decision makers at the local level should be involved. Individual participants must be people who can speak for and commit agency resources.

The successful development of interagency cooperation is frequently accomplished on a small scale. Enlisting the cooperation of two agencies initially, and clearly delineating the role of each, can be more manageable and potentially more successful. Additional agencies may then be added periodically with a redefinition of the roles of all participants.

Leadership Identification and Roles

Interagency collaborative efforts cannot be successful without effective, flexible and strategic leadership. Leadership should be based on an understanding of the multiple problems affecting the target population, and of the existing service delivery system. These leadership characteristics should also be allied with essential political authority. To develop successful and effective interagency collaboration, someone needs to have a "vision" of what might ultimately be realized by such efforts. He or she needs to take the initiative, to understand the political system, and to be able to withstand resistance The leaders of interagency coordination efforts should view the government as a system of agencies striving for common purposes; they should understand the legal mandates that guide agencies; and, they should understand good management and interpersonal principles.

Ideally, the leader of the interagency endeavor should be supported by at least one or two fully committed individuals. The process and tasks can be so difficult, time-consuming, and demanding, that a single committed leader may become drained and discouraged without others to "pick up the ball" occasionally. Some feel that interagency collaboration can be most successful when one individual is identified as implementor or coordinator to devote full-time (or a substantial percentage) to carrying out and coordinating the group's plans.

Other aspects of the leadership role can be played by an outside facilitator. This party does not necessarily need to be from outside the system, but should not have allegiance to any one agency. The involvement of the facilitator in the development of collaborative activities might include guiding (but not directing) decision-making, assisting in conflict resolution and maintenance functions such as gathering information, setting schedules, and coordinating interactions.

Commitment of Time and Resources

In addition to a commitment to the concept and process of interagency collaboration the agencies involved must be willing and able to commit the time and resources required to implement cooperative endeavors. As has been stated, interagency collaboration is a time-consuming process. The level of communicative accuracy necessary for successful collaborative planning requires that regular ongoing contact among participants be established and maintained. It takes time to effect the attitudinal and behavioral changes that are essential to planning and implementing changes in the service system. Discussing, negotiating and compromising, in the planning phase, require time before any actual implementation efforts can be attempted.

The commitment of resources involves a close examination of fiscal alternatives and constraints. Agencies must be willing to consider a reprioritization of fiscal expenditures or be flexible in considering the use or reallocation of non-fiscal resources (i.e., space, equipment, and supplies). Again, it is critical that those individuals involved in the initial planning phases have the authority and ability to make decisions and commitments for their agencies, and to effect changes within their agencies related to resource allocation. Interagency collaboration activities which replace current activities rather than additional burdens are likely to have the least overall impact on the resources of the individual agencies and thus are more likely to succeed.

Knowledge of External Forces and Influences

The planning process, and any resulting interagency agreements, must fit the state legislative and budgetary process. Coordinated planning efforts can at times run at odds with the state appropriate mechanisms and, as a result, have little chance for success. The legal mandates that guide the individual agencies must be fully understood. Too often local and state planners are not sufficiently aware of the political and budgetary processes which place constraints on their ability to actualize coordinated activities, which seem totally feasible within a given community.

External forces from the local level can also impact on efforts to coordinate services. Community support from consumers, advocacy groups, and services providers can have significant influence on the potential success or failure of interagency collaborative efforts. Planners must be sensitive to the political and attitudinal climate within their community and incorporate this into their planning efforts.

Identification Of and Focus On Target Population

In addition to defining common needs and goals among agencies, participants in interagency collaboration activities must agree upon that population which is to benefit from a coordinated effort. Issues for interagency agreements should stem from those services to be provided to the target population. Too often interagency agreements are based strictly on funding issues and the delineation of responsibilities, while bypassing the real issue of how best to provide services. The process of interagency collaboration can become so complex that the real purpose can easily become obscurred. In order for collaborative efforts to be effective and successful, it is critical to maintain a focus on why and for whom the interagency collaboration was initiated.

Utilization of Procedural Guidelines

There is some concern that the "recipe" approach of utilizing tested procedures for developing interagency collaboration inhibits the development of community leadership and initiative. Conversely, however, there is also legitimacy in the notion that previously tested procedures which guide the collaborative activities can relieve local interagency groups of the task of developing such procedures. Procedures must, however, be adaptable and flexible as no one "recipe" will work in every setting.

Procedural guidelines are available that can assist local interagency groups in at least the beginning stages of collaboration efforts. Steps which are generally agreed to be essential in developing interagency coordination include a clear description and understanding of the current service delivery system; the identification of resources; the identification of critical service needs; the establishment of uniform methods of accountability; the development of information exchange mechanisms, and an understanding of first dollar responsibilities.

Benefit/Cost Analysis

As stated earlier, identifiable common goals need to be established that include tangible benefits for all of the participants. An analysis of potential incentives for the agencies and participants involved and the development of strategies to increase or enhance incentives can be important factors in assuring commitment and willingness to cooperate. The potential benefits to be realized by each agency as a result of their efforts must be identified and must be weighted against the cost in time and resources that will be required to participate in collaborative planning and implementation of proposed changes. Planners must recognize that agencies can generally commit staff time with greater flexibility than they can commit dollars. But even in terms of staff time coordinated activities should be conceptualized, as far as possible, as replacement activities rather than add-on activities. The lower the cost and the higher the benefits,the more willing individuals will be to commit to participation. Consequently, it is more likely that the interagency collaboration will be successful.

Evaluation Procedures

A critical aspect of interagency collaboration is the need to develop a framework for analyzing the effects of the collaboration. This evaluation phase can enhance the effectiveness of interagency coordination by providing a vehicle for monitoring activities, giving reinforcement to participants, and giving direction for changes in goals and activities. Evaluation should be a continual part of all stages of the collaboration process. This includes critical examination of the nature of the plans, activities, short-term objectives, outcomes and cost. By building in an evaluation design and model from the beginning, the potential for the success of the interagency collaboration can be better assured. Ongoing evaluation offers the opportunity for modifying objectives, priorities, and activities; and alleviates the possibility of time and resources being wasted on ineffective or inefficient plans which could halt the interagency process completely.

CHAPTER II

THE COOKBOOK MODEL: AN APPROACH TO INTERAGENCY COLLABORATION

Eugene Edgar **Mary Maddox**

The Single Portal Intake Project is developing model procedures for Local Education Agencies (LEAs) to use in forming working relationships with other human service providers in order to better serve special education students. The interagency concepts upon which the project is based were re-introduced following the passage of the Education of All Handicapped Children Act (PL 94-142) as a way of providing and paying for educationally related services which were not generally available through the public schools. By analyzing various statutes, regulations and the programs they governed, local collaborative relationships among agencies could be identified and implemented. Through collaborative relationships, duplications in services would be eliminated, service gaps would be filled, and order and efficiency would be created within a disorganized system.

As originally conceived, the "Single Portal" notion was to help handicapped persons gain entry into all (or many) necessary social and health programs through one point, or portal, in the service delivery system. Given the numerous and diverse services that the public schools may muster to help handicapped children benefit from an educational program, and given the expanded role of the public schools in preparing these students for independent living, establishing the LEA as an entry point to other related services was a logical corollary. Our idea was to make LEAs the entry point or "single portal" to services by developing written interagency agreements which clearly defined agency responsibilities with regard to services, clients, and standards while still meeting each agency's mandate. The basic concept was that an individual or family in need of services should not have to "shop" from agency to agency, and that coordination of service delivery among agencies serving the same clients would increase the efficiency and quality of all services. By determining service needs and eligibility status, a service-to-needs match could be made through one portal into the service continuum.

After working with this concept, we are less sure that there can be a single portal of intake. Political and economic trends indicate federal and state level retrenchment regarding the expanded role of public schools in non-educational areas. The future of the related services requirement of Public Law 94-142 is uncertain and significant changes are likely. Nevertheless, handicapped children still require additional services in order to benefit from an educational program - services which may be provided by other agencies. LEA leadership in obtaining these services is a significant departure from the traditional role of public education. Perhaps LEAs can best serve as a direction service or liaison. The notion of single portal is still seductive; the mechanics and a clear mandate remain illusive.

Interagency agreements and interagency collaboration are buzz words which are losing their appeal due to a lack of concrete outcomes. Many hours have been consumed and solutions to difficult issues (e.g., lack of adequate funds) have been promised. To date, in our opinion, the promises of "interagency" have not been realized. One goal of this project is to determine what can succeed in actual practice and what is not realistic.

To help us conceptualize interagency in a way that would lead to practical procedures, we defined three types of interagency activities. If there is to be success in developing interagency plans, all three types of activities need to be pursued.

Type I consists of federal or state level formal interagency agreements. These need to be established because there is an overlap of mandates which results in duplicate services (hence waste) concurrent with a lack of funds and major gaps in services. Social service agencies have grown without an overall plan. Formal federal and state level interagency agreements can provide the top-down direction to bring order and rationality to a confusing situation. To date, confusion still reigns despite rather massive attempts to bring order.

Type II can best be called "grass roots interagency activities." These occur in a limited geographical or political region. Individuals with decision-making power meet and agree to work together. Agencies and services are molded to meet the needs of consumers. When this type of interagency planning and service delivery occurs, the results are outstanding. Type II efforts are generally thorough but require many, many hours over a long period of time. A key result can be the identification of statutory and regulatory barriers to coordination. This information can be valuable to state and federal interagency planners (Type I). The critical element in any Type II activity is the personalities of persons who hold power -- a condition not susceptible to models or other "outside intervention."

Type III (our model) is the cookbook model. A series of recipes are developed, field tested, and disseminated. The consumers peruse the list of recipes, select the ones they are interested in trying, and try them out. If those work, agencies will try them (or even others) again. If they fail -- because the recipes were too expensive or too difficult to initiate -- agencies are less likely to try again. If several recipes fail the entire cookbook is discarded. The recipes can be used by "grass roots interagency" groups (Type II) to solve specific problems. Development or use of the recipes can also result in the identification of statutory and regulatory barriers to coordination.

We have found that simple, step-by-step procedures provide needed structure to guide interactions among direct service staff and management of cooperating agencies. Simple does not mean foolish or uneducated, but rather, free of secondary complications and unnecesary elaborations. We acknowledge the need to prepare detailed reviews of rules, regulations, laws and other theoretical and philosophical points. However, to be meaningful at the service delivery level, specific procedures for forming and maintaining collaborative relationships are required.

Recipes for Interagency Collaboration

The recipes must provide solutions for real problems that are effective, easy, low cost, and as fool proof as possible. The four key issues are:

Perceived need by the LEA, and a desire to alter current practices. In order to deal with real issues we (and others) must listen carefully to LEA staff and understand the problems they are facing. Too often those of us in planning positions develop solutions for problems that are not present (or at least perceived) by the consumers of our solutions.

Procedures must be effective. Field testing, in applied settings, of all procedures with precise evaluation must become the rule.

Procedures must be easy, or at least possible, to implement. Procedures that require no extra money or staff, and those that replace current activities rather than add activities are preferrable.

Procedures must be detailed so implementation will be as easy as possible.

The recipes or models which are being developed and field tested consist of a series of:

1) Procedures or strategies.
2) Step-by-step activity breakdown of the strategy including the identification of the person responsible for the activity.
3) Supplemental materials required for each strategy (e.g., meeting agendas, sample forms, sample letters).
4) Estimated cost of the strategy in staff time, materials, postage, etc.

All or part of the strategies within a model can be used to create an individualized recipe for the two participating agencies.

Table 1 is an excerpt from a recipe which addresses the transition of special education students from high school into adult programs offered through the state Developmental Disabilities (DD) Agency. The three administrative level activities presented in Table 1 address staff awareness of other agencies and services (Strategy

#1), communication between agencies (Strategy #2) and the sharing of information across agencies regarding specific clients (Strategy #3). Careful examination of Strategy #3 shows how the procedures for identifying which students are eligible for Developmental Disabilities services is simplified. The strategy is broken down into small steps, and responsibility for each step is identified. Release of information forms which meet the requirements of both agencies are included with the model, as are guidelines for use in identifying which students meet the DD eligiblity criteria. The anticipated cost centers (staff time, copying) are also identified.

A number of models are currently being field-tested by five school districts in cooperation with the State Education and Developmental Disabilities Agencies and a number of local and regional organizations. The following descriptions of four different models are examples of the recipes discussed above.

Early Childhood Interagency Transition Model

The movement of a preschool-aged handicapped child from a program in one agency to another can present problems for the child, the family, and the sending and receiving agencies. Disruption of the intervention program; concern and confusion among teachers, support staff, parents and administrators; due process hearings; and other problems frequently accompany preschool and child transitions.

The Early Childhood Interagency Transition Model contains a series of strategies designed to facilitate the movement of young handicapped children from non-public school preschool programs (e.g., Head Start or Developmental Disability Centers) into public school programs. The strategies were developed in cooperation with parents and direct service and administrative staff of local programs. The strategies address issue areas such as: 1) transfer of records, 2) assessment, 3) timing, 4) ownership, 5) awareness of programs, 6) parent involvement, 7) the decision-making process, and 8) post-placement communication. The strategies were refined by project staff who also developed supplemental materials and evaluation methods.

Table 1
ADMINISTRATIVE STRATEGIES
THE ADULT TRANSITION MODEL: PLANNING FOR POST SCHOOL SERVICES

Strategy	Required Activities	Who is Involved	Supplementary Materials	Cost
1. Information is provided to staff on services, eligibility criteria and procedures of the other agency	**1.1** Develop information packet	LEA Administrator DD Administrator	List of suggested contents for packet	Time to organize Clerical time Meeting time
	1.2 Disseminate to staff		Satisfaction evaluation form for recipients	
2. Establish informal contact procedures between agencies	**2.1** Each agency designates liaison person	LEA Administrator DD Administrator	Sample meeting agenda	Meeting time Preparation of document
	2.2 Agencies identify areas for joint clients	LEA Administrator DD Administrator or designee		Clerical time Copying
3. Information is exchanged concerning a joint client	**3.1** DD provides list of active clients to LEA	DD Liaison	Release of information	Liaison time
	3.2 LEA identifies potentially eligible students through record screen and provides list to DD	LEA Liaison	Guidelines for Screening Student Records Eligibility Criteria Guidelines	Review time Clerical time Copying
	3.3 Conduct data exchange between 2 agencies: assessment data, medical reports, IEP or IPP, others as needed.	DD Liaison LEA Liaison Parent (permission)	Release of Information Form Student Identification Sheet	Letter to Parent Postage Copying Clerical time

The Adult Transition Model: Planning for Post-school Services

The movement or transition of a special education student into adult services following graduation can be disruptive to the youth and family as well as a source of problems for service providers. A break in services may occur; clients and their families experience frustration and uncertainty in the new environment; parents may not be included in making important placement decisions; record and valuable assessment data may be lost or delayed; and planning can be fragmented and incomplete.

The Adult Transition Model is similar to the Early Childhood Interagency Transition Model, except the client focus is on young adults who are leaving public schools but who will continue to need social, rehabilitative and/or residential services following graduation. In its present form, the model addresses transition into programs offered and coordinated by the state Developmental Disabilities Agency.

The model includes strategies in the following areas: 1) administrative activities (see Table 1), 2) parent education activities, 3) staff preparation activities, and 4) student training activities. The model will also be adapted for use with transition into Vocational Rehabilitation programs.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

The EPSDT model was developed to guide coordination between LEAs and the EPSDT program in regard to screening and assessment. Three models consisting of task analyses and supplementary materials were developed: 1) the EPSDT Referral Model, 2) The EPSDT Partnership Model, and 3) The LEA as EPSDT Provider Model.

Our preliminary conclusion with regard the LEA/EPSDT coordination is that the activity solves a problem that LEAs do not have (or do not perceive they have). While there is a tenuous match between the developmental screening component of EPSDT and the childfind screen, the primary emphasis of the EPSDT screen is finding health problems, while childfind screenings are directed at finding subtle developmental problems.

Dual Placement Collaborative Model

Handicapped children and youth frequently receive services simultaneously from more than one agency or provider. The absence of joint planning for children placed in two programs may result in: duplication of assessment and/or services, gaps in services; confusion and frustration for the child due to varied expectations in the two settings; confusion for parents who assume the role of the "go-between"; and conflicts between staff.

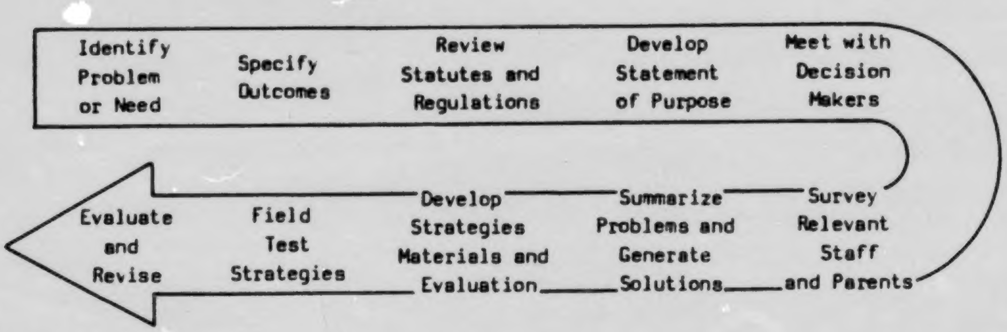
This model, which is approaching the field testing stage, is being developed in cooperation with parents and staff from a school district and a Head Start program which have a collaborative preschool program for handicapped children in place. Strategies will address: 1) administration; 2) identification and recruitment; 3) assessment and diagnosis; 4) case management, and 5) program evaluation. The administration area will include delineation of responsibilities; facility sharing; and transportation. Parent involvement will be built into the entire model.

Using a Process Model

The process model used in developing the models described above consists of ten steps (Table 2). Step one is to identify an area or (even better) a specific problem where a collaborative solution can be applied. We believe strongly that LEAs should engage only in those activities where the LEA has a definite need. Global, non-specific interagency meetings are not efficient in actually improving services to children. The second step is to specify desired outcomes; exactly what is to be accomplished by the collaborative activities. Step three is to review existing rules and regulations governing the agencies and programs involved. This is to confirm the existence of common mandates, identify restrictions on the proposed activities, and locate regulations which permit the activity. Next, (step 4) is to develop a brief statement of purpose. Step 5 involves meeting with the role holders from the agencies involved who can make decisions. The result of this activity will lead to a working agreement or the decision to not proceed.

The five steps outlined thus far are preparatory to developing a set of procedures. The purpose of the following steps is to define the specifics of those procedures: who does what to whom, when, and under what circumstances. Step 6 is to identify the problems perceived by direct service and administrative staff with regard to the identified problem or issue. Problems are summarized and step 7 provides an opportunity for the staff to generate solutions to the problems. These solutions are refined, informally evaluated and turned into "strategies" (step 8). Supplementary materials and evaluation methods are also developed. Step 9 involves actually trying the strategy. The strategy is then evaluated and revised in Step 10.

Table 2
THE PROCESS MODEL


Identify Problem or Need
Specify Outcomes
Review Statutes and Regulations
Develop Statement of Purpose
Meet with Decision Makers
Survey Relevant Staff and Parents
Summarize Problems and Generate Solutions
Develop Strategies Materials and Evaluation
Field Test Strategies
Evaluate and Revise

An obvious reaction to the process model described above is that time and skills are required if the process is to be productive. In some LEAs, there will be time and resources available for developmental activities such as these. More realistically, however, LEAs will not have the time and resources to devote to the process. For these LEAs, resorting to the collection of recipes is a better course of action.

The Evaluation Model

Evaluation of the models presents a number of problems. Although our intent is to improve services to handicapped children and the desired outcome of improving services is greater client progress toward specified goals, we cannot draw this direct connection. Rather, we have identified specific outcomes for each model that documents improvement in the quality of service. Was there an increase in the number of individualized plans developed jointly by two agencies? Were more students who were eligible for developmental disabilities services after school graduation identified by the LEA, parents, and the Developmental Disabilities agency? Was assessment information obtained from the prior placement used in IEP development and eligibility determination by the receiving program? An evaluation plan has been developed for each model which answers questions about whether or not the model as a whole altered the quality of services. Each strategy is also evaluated for effectiveness and any necessary revisions.

Conclusion

Our goal is to develop and field test ways of improving service delivery at or close to the point where the service meets the client. That direct service staff have the skills required to be effective practitioners is a basic assumption. Our intent is to develop ways for direct service and administrative staff to make the system work for, rather than against, clients. In essence, we are aiming to change the behavior of adults in order to improve services to handicapped children. The development and use of simple, straightforward, foolproof recipes is the means to that end.

CHAPTER III

NOTES ON THE EVALUATION OF INTERAGENCY COLLABORATION

John A. McLaughlin **Jerry D. Elder**

The delivery of special educational and related services has become increasingly more complex. Federal, state and local regulations as well as court orders and pressures from consumer and professional groups have resulted in expanded service requirements. More handicapped learners are being identified, many of these having more severe disabilities. Concommitantly, the demands for services have increased and budgetary resources have decreased. Faced with the requirement to provide free and appropriate special education and related services to learners with handicaps, school systems have turned to other service agencies such as Vocational Rehabilitation, Mental Health, Social Services, Corrections and Crippled Children's Services to form partnerships which have become known as interagency collaborative efforts.

It is difficult to define interagency collaboration for it means many things to many people. For the purposes of this discussion, we consider interagency collaboration to be a process through which professional service providers and advocates join forces to enhance the service delivery system for one or more persons with handicaps. This process has three basic components: recognition that there is a need to combine resources; orientation to and planning for interagency collaboration; and implementation of the "new" system. The interagency agreement is more than a piece of paper: it is a highly interactive procedure which involves actions demanding effective interpersonal as well as technical skills across all components of the process.

Evaluation is a process through which information is gathered, formally or informally, to serve in decision making. These decisions can come at any point in the life cycle of a program, when: a need is identified; a plan responsive to that need is developed; the plan is implemented; the program is operating and when it is completed.

The evaluator charged with the evaluation of an interagency collaborative effort might be asked to design information gathering systems to assist decision makers at any point in the interagency process. The following are examples of evaluation questions:

1. How can the potential service population (persons with handicaps) be described?
2. Is the interagency plan, as represented in the agreement, technically and politically sound?
3. Is the plan being implemented according to the requirements of the agreement?
4. Are services easily accessible to persons with handicaps?
5. Have explicit or implicit conflicts between and/or among agency representatives been resolved or managed?
6. Were service goals met?
7. What were the driving and restraining forces to the program during its initial stages of implementation?

These and other evaluation questions to which the evaluation is addressed flow from the information needs identified by those involved in the design and implementation of the collaborative effort. One of the decisions for which information often is needed is related to the type of technical assistance to provide in order to facilitate the collaborative effort. The remainder of this paper focuses on a framework analyzing the status of interagency collaboration in a community. The decision maker will be a person requesting or providing technical assistance.

It is assumed that an interagency collaboration can be characterized as an educational innovation in the school system. That is, it is new to the system; much like an instructional innovation, such as a validated reading program for children with severe learning disabilities. Research has suggested that the infusion of a new or innovative practice is not a singular event. Rather, it is more likely a process with identifiable points or steps which can be behaviorally described. Users of the new practice can be observed demonstrating certain behaviors while engaging in the practice.

Additionally, it is possible to assess the effective development of users of the new practice. That is, at various stages of adoption, these users will be concerned about different aspects of the program. These concerns interact with the implementation of the collaborative effort, often impeding its development.

If it is a valid assumption that an interagency collaborative effort is not an event, but rather a process consisting of identifiable stages, then it is important to develop a framework which will help identify precisely the stage of adoption of the collaboration. Information generated from the application of such a framework may be used by persons planning to engage in or engaged in the collaborative effort to identify the "next logical step". Additionally, they would be able to specify technical assistance needs to facilitate their moving from step to step, thus removing the threat of the proverbial "hit or miss" workshop. Interventions can be more precise and have a higher probability for success if the full developmental cycle of the collaborative cycle is known. Behavioral information crossed with knowledge of the level of concern of the participants in the process could be valuable in planning the strategies necessary for advancing from one stage to the next.

No framework for assessing the level of adoption of an interagency collaborative effort currently exists. However, Gene Hall and his colleagues at the University of Texas at Austin's Research and Development Center for Teacher Education have developed a framework for assessing the level of adoption of an educational innovation.

The Austin people have hypothesized and tested a dimension which describes the stages through which users of an innovative product or process move as they adopt the process. Eight stages or levels of utilization were identified ranging from non-use to orientation to mechanical use to routine use to refinement to integration to renewal. For each stage, behavioral indices in the following categories are used to define stage or level performance: knowledge; acquiring information; sharing; assessing; planning; status reporting; and performing.

Interviews with participants in the adoption and review of records focus on the categories stated above and this information leads to a determination of a particular level of use. For example, if an interviewee reports that he has little or no personal involvement with the innovation, then he is at stage 1: non-use. On the other hand, if he states that he is planning to attend a workshop on the innovation he might be at stage 2: orientation.

The staff of the Texas Research and Development Center also have looked at the affective side of adopting an innovation. Here they focused on the concerns evidenced by the adoptor. Again, a linear dimension was hypothesized and tested. The three primary levels of concern were: concerns unrelated to the innovation; concerns about self adequacy in relation to the innovation; and, concerns related to the degree to which innovation was meeting its intended use.

We have translated the Texas levels of use and concerns dimensions to establish a framework for assessing the level of implementation of an interagency collaboration. The Levels of Use Dimension is set forth in Table 1. These eight stages are hypothesized as the levels through which persons who design and implement an interagency collaboration progress. The information contained in Tables 2-9 is used to help establish the level of use. Our research suggests that people involved in the adoption of an interagency effort stablize at Level IV-A Routine Use. Few changes are made in the agreement or its procedures after it has been in operation. There is little preparation or consideration given to improving the collaborative effort or its consequences.

The concerns dimension is set forth in Table 10. These seven levels of concern have not been tested. However, it is hypothesized that they are directly related to the levels of use. People at Level O will not be involved in the effort or just getting started. Levels 1-3 will be representative of persons at stages I-IV A on the levels of use dimension. Levels 4-6 will correspond to performance in stages IV B-VI.

Summary

A framework for evaluating the implementation of an interagency collaborative effort has been provided. Hierarchical dimensions of use and concern were hypothesized. These dimensions can be used by persons engaged in or planning to engage in interagency collaboration to identify points of evaluation.

It was assumed that if we can identify the progressive stages of interagency adoption, then we could better describe where participants were in that process. Such knowledge could be used to design specific intervention stratgegies to facilitate the growth and development of the interagency process.

This framework requires additional research. The following questions should be addressed:

1. What factors are associated with movement (or lack of movement) from one stage to the next?
2. What is the relationship between this process oriented evaluation and more summative evaluations?
3. How do the behavioral (levels of use) and affective (concerns) variables interact?
4. If each step in the framework represents a recognizable decision point for the participants, then what information is needed to make that decision?
5. Is it possible for participants in the interagency process to be at different levels on the two dimensions?

TABLE 1

Description of Levels of Use for Interagency Collaboration

LEVEL	DESCRIPTION
O: Non-Use	State in which the user has little or no knowledge of interagency collaboration, no involvement with it and is doing nothing toward becoming involved.
I: Orientation	State in which the user has recently acquired or is acquiring information about interagency collaboration and/or has recently explored or is exploring its value orientation and its demands upon user system.
II: Preparation	State in which the user is preparing for implementation of interagency collaboration.
III: Mechanical Use	State in which the user focuses most effort on the short-term, day-to-day use of interagency collaborative efforts with little time for reflection. Changes in use are made more to meet user needs than client needs. The user is primarily engaged in a stepwise attempt to master the tasks required to implement it often resulting in disjointed and superficial use.
IV-A: Routine	Use of interagency collaboration is stablized. Few if any changes are being made in on-going use. Little preparation or thought is being given to improving collaborative efforts or its consequences.
IV-B: Refinement	State in which the user varies the use of interagency collaboration to increase the impact on clients within immediate sphere of influence. Variations in collaborative arrangements are based on knowledge of both short and long-term consequences for clients.
V: Integration	State in which the user is combining own efforts to use interagency collaboration with related activities of colleagues to achieve a collective impact on clients within the community.
VI: Renewal	State in which the user re-evaluates the quality of use of interagency collaboration, seeks major modifications of or alternatives to represent collaborative efforts to achieve increased impact on clients, examines new developments in the field, and explores new goals for self and the collaborative service delivery system.

TABLE 2

Category Descriptions for Interagency Collaboration
Level O - Non-Use

CATEGORY	DESCRIPTION
KNOWLEDGE	Knows nothing about concepts or skills required to initiate interagency collaboration and has never been involved in any type of collaborative effort at community level.
ACQUIRING INFORMATION	Takes little or no action to solicit information about interagency collaboration beyond reviewing descriptive information when it happens to come to personal attention.
SHARING	Is not communicating with others in own agency or program about interagency collaboration beyond possibly acknowledging it exists.
ASSESSING	Takes no action to analyze any aspect of interagency collaboration, its possible use, or consequences of its use.
PLANNING	Schedules no time and specifies no steps for the study or use of interagency collaborative efforts.
STATUS REPORTING	Reports little or no involvement with interagency collaborative efforts as part of work.
PERFORMING	Takes no discernible action toward learning about or implementing interagency collaboration. There are no collaborative efforts in use at present in working with other agencies or programs.

TABLE 3

Category Descriptions for Interagency Collaboration
Level I - Orientation

CATEGORY	DESCRIPTION
KNOWLEDGE	Knows general information about interagency collaboration such as origin, characteristics and implementation requirements at community level.
ACQUIRING INFORMATION	Seeks descriptive material about interagency collaborative efforts. Seeks opinions and knowledge of others through discussions, visits and workshops.
SHARING	Discusses interagency collaboration in general terms and/or exchanges descriptive information, materials or ideas about collaborative efforts and possible implications of its use at the community level.
ASSESSING	Analyzes and compares materials, content, requirements for use, evaluation reports, potential outcomes, strengths, and weaknesses of interagency collaboration for purpose of making a decision about its possible use.
PLANNING	Plans to gather necessary information and resources as needed to make a decision for or against being involved in interagency collaboration efforts.
STATUS REPORTING	Reports presently orienting self to what interagency collaboration is all about.
PERFORMING	Explores requirements for implementing interagency collaboration by talking to others about it, reviewing descriptive information, attending orientation sessions and observing operation or learning about model sites of interagency collaborative efforts.

TABLE 4

Category Descriptions for Interagency Collaboration
Level II - Preparation

CATEGORY	**DESCRIPTION**
KNOWLEDGE	Knows logistical requirements, necessary resources and timing for implementation of interagency collaboration and details of initial experiences for those who will be involved in it at community level.
ACQUIRING INFORMATION	Seeks information and resources specifically related to preparation for implementing interagency collaborative efforts in own community.
SHARING	Discusses resources needed for implementing interagency collaboration. Joins others in facilitator training and in planning for resources, logistics, schedules, etc., in preparation for its implementation.
ASSESSING	Analyzes detailed requirements and available resources for implementing collaborative efforts among agencies, programs and private providers in community.
PLANNING	Identifies steps and procedures entailed in obtaining resources and organizing activities and functions required to implement interagency collaboration.
STATUS REPORTING	Reports preparing self for implementing interagency collaboration.
PERFORMING	Studies reference materials in depth, organizes resources and logistics, schedules and receives facilitator training in preparation for implementing interagency collaboration.

TABLE 5

Category Descriptions for Interagency Collaboration
Level III - mechanical Use

CATEGORY	DESCRIPTION
KNOWLEDGE	Knows on a day-to-date basis the requirements for being part of interagency collaboration. Is more knowledgeable about short-term activities and effects than long-range activities and effects of working cooperatively with other agencies, programs and private providers in the community.
ACQUIRING INFORMATION	Solicits management information about such things as logistics, coordinating techniques, and ideas for reducing amount of time and work required of individual agencies or programs.
SHARING	Discusses coordination and logistical issues related to use of interagency collaboration. Resources and materials are shared for purposes of reducing duplicated services, flow, and logistical problems related to its use.
ASSESSING	Examines own involvement in collaborative efforts with respect to problems of coordination logistics, management, time, schedules, resources, and general reactions of clients.
PLANNING	Plans for organizing and coordinating resources activities and events related primarily to immediate ongoing use of interagency collaboration. Planned for changes address coordination or logistical issues with a short-term perspective.
STATUS REPORTING	Reports that logistics, time, coordination efforts, resource organization, etc., are the focus of most personal efforts to use interagency collaboration.
PERFORMING	Coordinates services under interagency collaboration with varying degrees of efficiency. Often lacks anticipation of immediate consequences. The flow of actions in the users and clients is often disjointed, uneven and uncertain. When changes are made, they are primarily in response to logistical and organizational coordination problems.

TABLE 6

Category Descriptions for Interagency Collaboration
Level IV A - Routine

CATEGORY	**DESCRIPTION**
KNOWLEDGE	Knows both short- and long-term requirements for use and how to use interagency collaboration with minimum effort or stress.
ACQUIRING INFORMATION	Makes no special efforts to seek information as a part of ongoing use of interagency collaborative efforts in the community.
SHARING	Describes current use of interagency collaboration with little or no reference to ways of changing use.
ASSESSING	Assesses use of interagency collaboration terms without reference to making changes. Specific evaluation activities are limited to those that are administratively required with little attention paid to findings for the purpose of changing use.
PLANNING	Plans intermediate and long-range actions with little projected variation in how collaborative efforts will be used. Planning focuses on routine use of resources, personnel, etc.
STATUS REPORTING	Reports that personal use of interagency collaboration is going along satisfactorily with few if any problems.
PERFORMING	Uses interagency collaboration smoothly with minimal coordination problems; over time, there is little variation in pattern of use.

TABLE 7

Category Descriptions for Interagency Collaboration
Level IV B - Refinement

CATEGORY	DESCRIPTION
KNOWLEDGE	Knows cognitive and affective effects of interagency collaboration on agencies and programs and ways for increasing impact on community agencies, program and private providers.
ACQUIRING INFORMATION	Solicits information and materials that focus specifically on changing use of interagency collaboration to better coordinate client services.
SHARING	Discusses own methods of modifying use of interagency collaboration to improve coordination of client services.
ASSESSING	Assesses use of interagency collaboration for the purpose of changing current practices to improve coordination of services to clients.
PLANNING	Develops intermediate and long-range plans that anticipate possible and needed steps, resources, and events designed to enhance coordination of client services among community agencies and programs.
STATUS REPORTING	Reports varying use of interagency collaboration in order to improve coordination of client services.
PERFORMING	Explores and experiments with alternative combinations of interagency collaboration with existing practices to maximize agency involvement and to optimize coordinated services for clients.

TABLE 8

Category Descriptions for Interagency Collaboration
Level V - Integration

CATEGORY	DESCRIPTION
KNOWLEDGE	Knows how to coordinate own use of interagency collaborative efforts to provide a collective impact on clients, other agencies and programs.
ACQUIRING INFORMATION	Solicits information and opinions for the purpose of cooperating with others in use of interagency collaborative efforts.
SHARING	Discusses efforts to increase coordination of client services through cooperation with others on personal use of interagency collaborative efforts.
ASSESSING	Appraises cooperative use of interagency coordination in terms of client outcomes and strengths and weaknesses of the integrated community service delivery system.
PLANNING	Plans specific actions to coordinate own use of interagency collaborative efforts with other to achieve increased impact on clients.
STATUS REPORTING	Reports spending time and energy cooperating with others about integrating own use of interagency collaborative efforts.
PERFORMING	Cooperates with others in use of interagency collaboration as a means for expanding its impact on clients. Changes in use are made in coordination with other agencies and programs in the community.

TABLE 9

Category Descriptions for Interagency Collaboration
Level VI - Renewal

CATEGORY	DESCRIPTION
KNOWLEDGE	Knows of alternatives that could be used to improve or change the present interagency collaborative efforts that would improve the quality of outcomes of its use.
ACQUIRING INFORMATION	Seeks information and materials about other collaborative efforts as alternatives to the present collaborative system or for making major adaptations in the present level of community interagency collaboration.
SHARING	Focuses discussions on identifications of major alternatives or replacements of the current collaborative service delivery system in the community.
ASSESSING	Analyzes advantages and disadvantages of major modifications or alternatives to the present interagency collaboration system.
PLANNING	Plans activities that involve pursuit of alternatives to enhance or replace the current system of interagency collaboration.
STATUS REPORTING	Reports considering major modification of or alternatives to present use of interagency collaboration at the community level.
PERFORMING	Explores other collaborative systems that could be used in combination with or in place of the present interagency collaborative effort in an attempt to develop more effective means of coordinating client service delivery system.

Modifications based on Measuring Levels of Use of the Innovation: A Manual for Trainees, Interviewers and Raters. The Research and Development Center for Teacher Education, The University of Texas at Austin, 1975.

TABLE 10

Levels of Concern in an Interagency Collaboration

I. Concerns About Self

O. Non-interagency concerns.

II. Concerns About Self As A Member Of The Interagency Collaboration Team

1. Where do I stand in relation to the interagency collaboration team?
2. How adequate am I in planning and operating my function in the interagency collaboration?
3. How do the others involved in the interagency collaboration view me?

III. Concerns About The Interagency Collaboration

4. Are the clients getting what we want them to get? Is the interagency collaboration doing what we want it to do?
5. Is the interagency collaboration meeting the needs of the targets?
6. How can the interagency collaboration be improved?

CHAPTER IV

CURRENT PRACTICE

Jerry D. Elder

The following is a synopsis of the work of the American Association of University Affiliated Programs for the Developmentally Disabled (AAUAP) Technical Assistance Project to improve services to preschool handicapped children through interagency collaboration.

Background

In 1978, an Interagency Task Force was assembled by the Office of the Secretary of Health Education Welfare to recommend ways in which the Federal government could support community based interagency collaboration overseeing the needs of young handicapped children (ages 0-6) and their families. This task force included representatives at the federal level from Head Start, Administration for Children, Youth and Families (ACYF), Office of Special Education (OSE), Developmental Disabilities (DD), Maternal and Child Health (MCH), Early Period Screening Diagnosis and Treatment (EPSDT), and National Institute of Mental Health (NIMH). Through the efforts of this task force and a corresponding hearings task force at Region 10 in Seattle, three sites in Oregon and Washington were selected to demonstrate the effects of interagency collaboration on services to young handicapped children. These sites, located in Salem and Medford, Oregon and Olympia, Washington completed a needs assessment of their respective communities through a local interagency coordinating body. Each community established its own priorities based upon the needs of that community. Interagency teams in each of these communities continue to implement the priorities they chose in order to close the gaps in services to preschool handicapped children and to develop a more effective utilization of services within each community.

Funds were awarded to the AAUAP to provide technical assistance to the National Interagency Task Force and to its parallel task force in Region 10, and to the individual projects generated out of their interagency collaborative efforts. The technical assistance group included Phyllis McGrab, Georgetown University; Jerry Elder, Lexington, Kentucky; Elli Kazuk, University of Colorado Medical Center; John Pelosi and Roland Wiegerink, University of North Carolina at Chapel Hill.

The National Interagency Task Force viewed its role in the overall interagency effort as providing advice, suggesting resources, and regularly reviewing the progress of the project. Primarily this was supposed to be in consultation with and in support of the regional interagency task force in Seattle. Three objectives were identified and agreed upon by the Regional task force: (1) to provide the community projects with information about programs, services, and funding to the agencies represented on the task force; (2) to play an active role in assessing needs of the projects; and (3) to provide support through the regional office to each agency's state and/or local counterpart to the concept of interagency collaboration.

Technical Assistance Product Development

In order to assist the community projects in understanding relevant concepts and in developing a perspective on interagency coordination, an introductory paper, "Human Service Integration and Early Childhood Programs," was prepared by John Pelosi and Ron Wiegerink. Additionally, the entire technical assistance group collaborated to produce two workbooks. The first entitled "Community Workbook for Collaborative Services to Preschool Handicapped Children" contains the necessary forms and instructions for a community to complete an interagency needs and resource assessment. The three community project sites field tested this workbook and found it effective in assisting them to assess the needs in their respective communities.

The second workbook, entitled "Developing a Community Team," provides step-by-step instructions to communities for the formation of an interagency team. The workbook also discusses the human factors that need to be considered in dealing with interagency teams.

Collaborative Approach Workshop

Most recently, the technical assistance group planned a two day workshop to equip administrators and service providers of preschool handicapped children with the skills necessary to facilitate interagency cooperation. Learning objectives established for participants in the workshop were:

(1) to identify the bridges and barriers to effective collaboration among service providers;

(2) to understand the process of interorganizational collaborations;

(3) to learn the facilitator's role in the collaboration process;

(4) to identify the leadership skills required for effective collaboration;

(5) to identify process steps for organizing an initial community team setting;

(6) to understand the process for conducting a community-wide needs and resource assessment;

(7) to identify action oriented planning process steps to achieve cooperation;

(8) to understand the critical role that the "human factors" play in the success in the collaborative efforts.

The first day of the workshop deals with the critical elements of interagency collaboration. It utilizes a two-part video tape prepared by the Mid-Atlantic Regional Resource Center that covers the bridges and barriers to local implementation. The second day of the workshop covers the development of a community organizational team.

The format of the workshop includes the use of small groups so that participants from the same community or area work together during the sessions. A role playing exercise is used for most of the workshop through the simulation of a community team. Active participation in all discussions by the workshop participants is sought. As part of the workshop session on human factors, each participant completes a self assessment tool designed to identify the person's behavioral work style. The two workbooks mentioned earlier were designed by the technical assistance consulting group and are used in the workshop to assist communities in developing collaborative routines. The simulation exercises allow participants to use proven techniques for collecting and summarizing community needs assessment information. Forms for the collection of information are included as part of the needs and resource workbook. Step-by-step procedures for developing a community team are presented.

The Mid Atlantic Regional Resource Center (MARRC) has published a document which abstracts major publications on Interagency Collaboration.

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CHAPTER V

MANAGING INTERAGENCY GROUPS

Brian A. McNulty

Background of the Problem

Interagency policy statements tend to emphasize the development of planned relationships which maintain effective and efficient two way communication between the participating agencies. In line with such policies, it is generally accepted that human service agencies are social or ecological systems which require the active involvement of individuals from various levels of the agency as well as community representatives. However, opportunities for meaningful involvement have met with limited success.

It appears that at least part of the problems can be attributed to the pathology of the pyramidal model used by most human service agencies. The bureaucratic model is based on "the scalar principle which states that authority and responsibility should flow in a direct line vertically from the highest level of the organization to the lowest level." (Starling, 1977, p. 179) Three direct consequences flow directly from such an approach. "First, the amount of personalized relationships is reduced. Second, the participants internalize the roles of the organization; in fact, roles originally devised to achieve organizational goals assume a positive value independent of the goals. Third, the categories used in decision making become restricted to a relatively small number. These three consequences - the reduction in personalized relationships, the increased internalization of roles, and the decreased search of alternatives - combine to make the behavior of members of the organization highly predictable. Which is a nice way of saying that the result is an increase in the rigidity of behavior of participants." (Starling, 1977, p. 187) Given these facts, it appears, then, that in our rapidly changing culture, the major problem with the bureaucracies may be the lack of adaptability inherent in the pyramidal structure of authority. In addition, it appears

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that such a model results in a "planning gap." Stated differently, it appears that the divergence and discrepancies in expectations, concepts and objectives may be directly attributable to the fact that traditionally goals and standards have been developed in a downward generation method. Such a method tends to perpetuate both a lack of ownership, and more often than not the inadvertent displacement of the organizational goals. This phenomenon of goal displacement can be seen as a direct result of the downward generation method because the individuals involved at different levels come to view the established procedures or means (i.e., rules, guidelines, etc.) as ends in themselves. Consequently, the goals or standards of the system are often neglected in favor of goals associated with the system's procedures. What were then originally the means become the actual ends of such activities. Instrumental values become terminal values.

In addressing this problem, it becomes evident that there is a need to involve individuals from both within and without the system in setting standards or goals. Such involvement has the capacity to more adequately develop the means end chain so that interagency activities will be more appropriately related to the agreed upon ends. It may also increase ownership at all levels and can potentially reduce the resistance to any proposed changes.

The Utilization and Management of Groups and Their Issues

In an attempt to rectify the inherent problems of the bureaucratic model or simply to increase participation and open two-way communication, most agencies have chosen to initiate or participate in various interagency groups. While it appears that agencies have been successful in developing or participating in these interagency groups, they have been less than successful in managing them and in achieving concrete outcomes or changes in the systems in which they operate. While again this may be due to the bureaucratic nature of the system and the difficulty in getting changes to occur from the "bottom" up, it may also be due in part to problems in managing such groups.

Prior to exploring this problem however, we still need to answer several other questions; such as, "is a group an appropriate format for addressing issues or standards?", and "can groups be used in an effective and efficient manor to address such issues?" Research would lead us to believe that the answer to both questions can be yes. If what we are seeking is agreed upon issues or mediated standards and goals (or problems converted to objectives and goals), "research has shown that on complex problem solving tasks where there is no single correct answer, groups using consensus mode have been more effective than individuals." (Kast & Rosenzweig, 1974, p. 424) So it appears that groups may be an effective format for addressing issues, goals, or standards. In addition, research also tells us that "concentrated" group attention to problems may be more efficient in terms of man hours. One reason may be that groups tend to open the system up more than individuals because in the group there is more of an open total value system operating, i.e., there is information/values from many points of view. In the group situation, different points of view can be actively sought out and differences in opinion can be used creatively in addressing the task. Part of this may be explained by the concept of "risk spreading", that is, responsibility can be more effectively diffused. This is not to imply, however, that groups are capricious (as most groups are considered to be more conservative decision makers), but rather that they can engage in more risky decision making than can individuals.

Since it appears, then, that groups could be used effectively to provide information, direction and planning to agencies the question still remains as to how to appropriately manage these groups so that they are able to function effectively and efficiently.

Group Structure and Leadership

In providing an environment that is conducive to effective group functioning, the role of the group leader is crucial. Conversely, however, the followers may be regarded "as the most crucial factor in any leadership event." (Hersey & Blanchard, 1977, p. 161

Given this diad, "situational leadership theory" seems to provide us with the most assistance in understanding the interaction between the leader and the group.

Situational leadership theory poses as a curvilinear relationship between the function of task behavior, relationship behavior, and in this case, group maturity. The theory attempts to provide an understanding of the relationship between an effective leadership style and the level of maturity of the group. Simply stated, the basic concept of the theory is that as the level of maturity of the group increases in terms of their accomplishing specific tasks, the leader should begin to reduce the amount of structure (task behavior) and increase their socioemotional support (i.e., relationship behavior) until the group attains a moderate level of maturity. Maturity is defined as both the willingness and ability to take responsibility. In evaluating this maturity level the leader must access both the individual's and the group's technical knowledge and ability to perform the task.

It would appear, then, that in the initial stages when interagency groups are being formed (and the maturity level is low) that a more structured, systematic, task oriented approach, one which allows and provides for maximum participation from the group, would prove most effective. Often it appears, however, that many such groups are provided with little if any direction, structure, or support. In not being provided this structure, many of these groups flounder trying to understand their goals and purposes. In turn, both participants and administration rapidly grow disenchanted with the lack of outcomes and lose interest in participating in the group.

Groups are capable of addressing and resolving complex issues when provided with the leadership necessary for the group to function. Initially, at least, it seems that a degree of structure and support may be necessary. This is especially true when we keep in mind that these groups initially may not have clearly defined goals or standards without which it is difficult to define either the problems or a course of direction. Since problems are deviations from some standard of expected performance, without such agreed upon goals and standards it is difficult to gain agreement upon whether or not a problem exists. The next step is to define a process for the identification of such goals and standards and a metholodgy for achieving them.

Group Process Procedures Using a Consensus Method

Over the past decade there has been a rapid increase in management research as it relates to group problem solving and group process procedures. One of the more widely known techniques is the Nominal Group technique developed by Andre Delbecq and Andrew Van deVen in the late 1960's. The technique is used to generate, explore and communicate ideas relevant to program planning and problem solving situations, and to assess priorities in programs requiring cooperation by two or more groups. "The Nominal Group technique (NGT), a variation of the brainstorming technique, has been compared with conventional interacting groups on three measures of effectiveness: 1) the number of unique ideas, 2) the total number of ideas, and 3) the quality of ideas produced. For all three measures, nominal groups have been found to be significantly superior to brainstorming groups in generating information relative to the problem." (Ford & Nemiroff, 1975, p. 160) The Nominal Group technique, through its structured interactive process attempts to address the problems of:

1. Individual domination: Dominant personality types unduly influence the group.
2. Social pressure for conformity: Majority opinions tend to be accepted, even if their objective quality has not been assessed.
3. Status incongruities: Low status members are overly influenced by high status members and, as a result, frequently acquiesce.
4. A "self-weighing" effect: An individual's feeling of self competence determines the amount of his participation. (It should be noted that none of these first four factors is related to problem-solving ability. The "best" resource in the group - with respect to problem-solving ability - may not have the ability to influence his group's performance.)
5. Premature Closure: Interacting groups tend to converge quickly on a decision without considering all the available or relevant information. (Ford & Nemiroff, 1975, p. 181)

A similar and related procedure is that of "Future Forecasting". This procedure attempts to assist planners in identifying and anticipating change. "More specifically, the use of forcasting methods and techniques can help organizations cope more effectively with forces impinging upon their environments. Because such methods are anticipatory in nature, forces operating, and which will be operating, can be taken into consideration. Future studies enable goals to be clarified, thus overcoming some of the problems associated with a complex service delivery system. Future studies can also deal with strategic issues, such as overcoming resistance to change." (Yates, et al, 1980, p. 2)

What is to be presented here is a synthesis of these procedures which can be used in working with interagency groups. In addition, I would then like to explore the research on the components of effective groups, and consideration in presenting and initiating the group's recommendations.

Probably the first step in any group process is for the group leader to explain the rationale for utilizing a group process approach, to explain the steps to be followed and to provide a projection of expected outcomes the group can hope to accomplish. The first step would also then focus on the identification of a goal statement. Often goals may have already been established by the participating agencies and can be modified to reflect the group's perception of their purpose. If a goal statement is not available, the group should develop a global statement which reflects the consensus of individual participant's perception of the group's purpose.

The first major task for the group is the identification of current issues, or barriers to reaching the identified goals. To do this, the group participants are asked by the leader to identify and record their own individual concerns, without interacting with the other participants. This individual identification of issues attempts to compensate for the previously mentioned factors of conformity pressures, polarization on a few ideas, status incongruencies, etc. After the participants have individually

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identified their issues, the facilitator should provide the opportunity for a round-robin listing of ideas on newsprint so that all participants can see and read all the issues. Since each individual is asked to list their own ideas, all group members have an equal opportunity to influence the groups decisions. At this time each individual is also given the opportunity to "sell" and clarify their issues to other members. The facilitator needs to reinforce and encourage an attitude of "problem mindedness" rather than "solution mindedness." By this time the group should have a complete listing of all the groups major issues and concerns.

The second stage of process which involves the ranking of issues, can be completed in one of three ways: a simple weighting formula; the development of likelihood and cross impact matrices; or the use of a Force Field analysis.

The simplest and quickest procedure for the ranking of the identified issues is to weight each issue. In this procedure, the participants are asked to identify and rank their top five issues, with five being the highest. The facilitator polls each group member, sums the rankings for each issue and ends up with a weighted ranking for each issue. This procedure provides us with a list of weighted ranked priorities.

The second approach, while being more complex, has the advantage of weighing each issue independently and in relation to the other objectives. In this approach the first step is to transform all the issues or problem statements into objectives. Then each participant takes all the objectives listed and rates them on a scale of one to five in terms of both a) the likelihood that this objective will be reached or will occur and b) if it did occur, what degree of impact would such an occurrence have. The facilitator then totals all responses (scores) for both the likelihood and the impact of each event and calculates a mean score for each (see Attachment A). Each event or objective is then placed into a likelihood impact matrix (see Attachment B). The participants can then examine the matrix for cells of high likelihood/high impact events. This particular approach provides somewhat of a reality base for the group in that it forces the group members to focus on issues that they see as being achievable and having a high impact on the system.

After the participants have identified the high likelihood/high impact items, the facilitator may wish to use a cross impact matrix which would allow the group to view the interrelationships of events, as well as their strength and stability. To accomplish this, another matrix is designed which lists the same events selected above, both across the top and down the side of the matrix. Assuming that each of these events has occurred, participants are then asked to rate the amount of impact that occurrence would have on each event. The facilitator then tabulates the mean scores for both rows and columns. The highest mean score for the rows can then be interpreted as the most powerful event, i.e., the most able to influence other events. The lowest mean for the columns can be interpreted to mean that this event is the most stable event, i.e., the event least influenced by other events (see Attachment C). What results from these two process steps is a listing of issues which the group has determined to be of high likelihood and high impact, an understanding of how these issues affect each other, and the relative stability of each event.

The third approach for ranking the issues is a technique developed by Kurt Lewin called Force Field Analysis. This technique is based on the assumption that any situation or event is affected by both driving and restraining forces which either compel or inhibit change. The assumption is that the present state of events or level of equilibrium can be changed by altering the relationship between the driving and restraining forces. In order to accomplish this, the group must take each issue or objective and identify both the enhancing or compelling forces and the inhibiting or hindering forces (See Attachment D). After having evaluated each objective in terms of its enhancing and inhibiting forces the group needs to assign an overall priority ranking. This can be accomplished by either a simple review of the current forces, or by assigning two subrankings. First, have the group informally rank each issue on its "importance", i.e., how much impact will this issue have on the organization's effectiveness. Secondly, have the group rate each issue on "readiness", i.e., the likelihood that such a change could occur within the existing policies and philosophy of the organization. After completing these two ratings, the group should have enough informed judgement to establish an overall priority. As a result, a list of ranked priorities will be developed.

Regardless of which of the three above procedures is used, the outcome should be a clearly delineated listing of ranked objectives developed by the group. What must occur next is to work from the objectives and develop a coherent plan of action which will provide the group with more detailed information on how to achieve these objectives.

The first step required in reaching the agreed upon objectives is the development of alternative solution strategies. What is suggested here is to use a similar process as was used to identify and rank the objectives. First have each group member take time to write down what they see to be the solution strategies for resolving the issues. The facilitator then needs to record all these alternatives on a flip chart and have each group member rank order the alternative strategies by preference, thus gaining a listing of prioritized alternatives. This step differs in that each alternative should be weighed in light of the specific objectives.

Once objectives have been selected and rated, and alternatives generated, several other procedural steps should be taken. These need to include the level of resolution, resources and constraints, and evaluation and timelines. Without going into great detail here, I would like to briefly discuss each of these items.

In reviewing the list of objectives and alternatives the group may need to evaluate the level of support needed, and the level at which the final decisions need to take place. For example, can all the issues be resolved at the local level or do they require changes in state or federal statutes, rules or regulations. Obviously, the difference in the levels would necessitate a different approach and a need for sanction from that level. Presentation of such recommendations to a higher level will require additional planning. (This issue will be discussed in greater detail later in this paper.) The group should also brainstorm to determine what resources are currently available, or could be made available, to reach the objectives. Such resources could include printed material from other local, state and national sources, consultative resources from within the participating agencies, other agencies, universities, the state, and technical assistance resources from parents and administrators, national organizations, etc. In addition to listing the resources available, the group should also identify any constraints such as time, money, lack of staff, knowledge, or information. Finally, the group should also set up some form of evaluation. The simplest form of evaluation would be to have the group answer the question "how will we know when this objective has been completed or reached?"

An objective criteria which answers this question should be completed for each objective. Following this, some time frame should be established both for each activity or alternative and for reaching the overall objective.

In addition to utilizing a problem solving process, it is also imperative to insure that the group functions effectively. While the literature is somewhat vague in terms of what components are required to run an effective group, it does appear that effective groups typically have some or all of the following characteristics or features:

1) The group leader encourages each member to be a critical evaluator;
2) The leader (and key members) should be impartial in the early stages of deliberation;
3) The same problem is assigned to outside groups, who in turn input results;
4) At intervals, before a consensus is reached, each member tests proposals on his own subordinates and reports the results;
5) Outside experts are invited to attend and encouraged to challenge views of key group members;
6) At every meeting someone is assigned the role of the devil's advocate;
7) Explicit empathy with rival (nations or organizations) to anticipate consequences of actions;
8) Subgroups are used to get more involvement; differences are addressed in the total group;

9) After consensus is reached, a follow-up meeting should be held (time permitting) in order to allow "second-thoughts" and residual doubts to be aired. (Kast & Rosenzweig, 1974, p. 429).

What is clear from these characteristics is that skepticism and conflict should not only be expected but encouraged and supported within the safe confines of the group. All too often individuals are selected to participate in a group because of their homogeneity of attitude, values, thought, and perceived support. These are support groups rather than problem solving groups. Instead of being eliminated or stifled, criticism, skepticism, and diversity, should be encouraged and supported. They should even be a planned function of such groups. Open discussion by all members around both problems and accomplishments is critical. Such discussion must reflect the concept of egalitarianism, openness, and participation. Only from open discussion, which encourages and invites skepticism and critical evaluation, can trust emerge. At this point, the realization, and awareness of process-compatible goals can occur. Out of this process rises personal integrity and a consistent value system.

Unfortunately, the ability to deal constructively with conflict is one of the most pressing issues in management today. Traditionally, conflict has been perceived as essentially negative and therefore avoided at all costs. "Over the last thirty years, however, our basic assumptions about conflict process have changed. It is now assumed that:

- Conflict is an inevitable and important human process.
- Conflict is! It is neither bad nor good.
- Conflict is more likely in times of change.
- Conflict can lead to destructive or constructive results.
- Conflict can be managed to maximize creative solutions and to minimize destructive ones.

In addition, there can be many constructive elements of conflict. A moderate level of conflict can have positive effects:

- Conflict produces the need to search for alternative solutions.

- Conflict requires a clarification of points of view.
- Conflict situations often produce better ideas.
- "Tension aroused by conflict may increase motivation to perform required tasks." (Anderlini, 1981)

It appears from the current literature that group problem solving or minimal group process can provide an effective collaborative approach to conflict resolution. However, while the process may be effective, the group leader must remain constantly aware and ready to constructively handle conflict within the group. Similar to Situational Leadership Theory, varying conflict management styles can be used as different situations require. While not going into great detail here, I have provided below definitions of conflict management styles and a chart which attempts to show when these particular styles might be used.

"Definitions of Conflict Management Styles:

Competitive: An individual who pursues his/her own interests at the other person's expense, 'stands up for his/her rights!'

Collaborative: An individual who works with the other person to find some solution which fully satisfies the concerns of both; a problem solving attitude toward conflict.

Accommodating: An individual sacrifices his/her own concerns of the person.

Avoidance: An individual withdraws from the conflict, side-steps or postpones the situation." (Anderlini, 1981)

"Conflict Management Strategies and Uses.

Competitive: Quick, decisive action is vital - emergencies. Important issues when unpopular courses of action need implementing.

Collaborative: To find an integrated solution when both sets of concerns are too important to be compromised. To merge insights from people with different perspectives on a problem.

Avoidance: When an issue is trivial, of only passing importance.

When the potential damage of confrontation outweighs the benefits of its resolution.

Accommodating: When you realize that you are wrong - to allow a better position to be heard.

When the issue is much more important to the other person than to yourself." (Anderlini, 1980)

As with Situational Leadership Theory, one can see the need for varying styles dependent upon the situation, the group and the outcomes needed.

Another major task for the group and the leader is the presentation, acceptance and implementation of the information and recommendations by the ruling powers, in this case Administrators, Boards, Legislators, etc. In approaching this task two major considerations must be kept in mind: first the human service agency as a sociopolitical organization, and second the process of effecting change in this system. Seymor Sarason in his book The Culture of the Schools and the Problem of Change has identified a key variable or precondition for those of us concerned in the change process. If we are to effect change at a given level, we must take into account the context of the change, i.e., the persons affected by the change and their histories concerning change. All too often we have underestimated the complexities of the human service system as a social system and have assumed that, because a change is supported at a certain level, it will be adopted. Sarason has, however, stressed the importance of determining the actual functioning of the organization. It is within this realm of actual functioning that the group and group leader must concern themselves. The recipients of this change are far from being passive. In fact, it appears that in order to be effective that any potential recipients of change should be included in the change process (i.e., in this case the group process). In addition, it is also important that the group process include and consider data concerning its previous involvement and its effectiveness in implementing change. There is the need to explore the relationship or discrepancy between "proposals made" for change and "proposals implemented". We can safely conclude that "the fate of any single proposal for change will be determined in part by the number of changes that have been proposed but never implemented". (Sarason, 1971, p. 221) The "weight of tradition", "communal memory" and "history of success" impact heavily upon individuals and their commitment to any proposed changes. Individuals react not only in terms of their knowledge, but also in terms of their experience or history. The history of change affects not only the recipients of the change, but also the groups which have developed the recommendations.

A similar and concurrent concern has to do with the overall functioning of the organization. Large organizations are like people. Just as we "have beliefs, attitudes, objectives, and habits that make us unique, so (too) an organization over time develops a distinctive personality ... The organizational culture consists of a set of symbols, ceremonies, and myths that communicate the underlying values and belief of that organization ... (consequently) the movement toward objectives is defined by a set of beliefs about what kind of solutions tend to work well." (Ouchi, 1981, p. 132 & p. 41)

It appears, then, that we need to consider some additional variables in our planning process. First, we need to review the history of success of this group, other groups, and change in general at each significant level. This information may need to be considered when the group is ranking the objectives (i.e., in the Likelihood Impact matrix, or the Force Field analysis), or when they are reviewing or selecting strategies which have proved effective.

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A second consideration involves the selection and inclusion of varied representatives of the group, including individuals who may be affected by the group's recommendation, e.g., line workers, consumers, etc. Finally, we must also remember that human service agencies are very much social systems and that the introduction of changes can be viewed as negative if such changes are not within the operating value system. One must remember that "the process of organizational decision making reflects a conflict of interests and maneuvering for position and powers. The basis upon which decisions are likely to be made is not rationality, but rather the reflection of the interests of the dominant coalition. The goal of the organization or organizational network is not monolithic. Goals are multiple and often contradictory, reflecting the dynamics of the conflict of coalitions and the interests of the organizatinal actors who make up those coalitions. This process is one of continuous conflict, with goals and programs constantly in the process of negotiation." (Kelly, 1979, pp. 285-)

Within this constant dynamic conflictive process, the group leader must find opportunities to introduce and gain acceptance for the recommended changes. This often represents a very delicate balance. Although somewhat radical in its approach, George Kelly's article on "Seducing the Elites" provides us with a potential framework for discussion of this problem.

"Innovations, in order to find support among the organizational elites, must be perceived as essentially conservative. That is, the innovations must be presented in such a way, cloaked in an appropriate symbolism, that it appears to fit into the predictability of the elite mind-sets. The need to defend this continuity of mind-set does not argue against change; rather it argues for change and innovation within the parameters of expectations which the elites have learned to trust."

"This mind-set or system of values must be understood in order for the innovator to present the program in such a manner as to appear to be working within the elite value system. The innovation must not appear to be a challenge to the existing value system, but rather an extension of it ... The innovator must deal with legitimate discussion and criticism of the innovation process. Marris notes that people have to find their own meaning in change before they can live with it. Therefore, innovations must listen as well as explain; the process of modifying and renegotiating the innovation to keep it "safe" and "acceptable" to the organization. (Kelly, 1979, p. 290)

While presented in a somewhat "cloak and dagger" framework, the content is appropriate when we consider that approaches, techniques, staffing patterns and funding systems, etc. are based predominantly on the dominant value system. Given this premise, it is extremely important that we review our recommendations and evaluate the contexts in which the recommendations will be made. The same information can be presented in a variety of ways, (e.g., the same proposal can be presented as either expanding or delimiting).

Similarly, in related research, Dr. Everett Rogers of the Diffusion Research Center at Stanford has learned that "a new idea must possess five qualities before it can be adopted. It must seem *tangibly better* than the previous solutions to a problem. It must be of an *order of simplicity* that a potential adopter can understand and *compatible* with nonvariable factors in an environment - tools, for example. Potential adopters must be able to hold a *trial run* to test the utility of the idea and the results must be *observable*. All five criteria are in the eye of the beholder." (Randall, 1982, p. 32)

Again, it appears that both change as a concept and the qualities needed for the adoption of change are based in the eye of the beholder. If this is so, then it becomes critical for the person presenting the change to paint an acceptable portrait of the problem and the proposed solution.

While not an exhaustive study, what I have attempted to cover in this paper is a series of considerations in working with interagency groups. In doing this I have tried to present both a clearly defined and structured process for working with groups and factors for consideration by the group leader. Overall, I have tried to stress the need for both adaptability in management styles, and in the presentation of recommendations.

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ATTACHMENT A

LIKELIHOOD-IMPACT MATRIX QUESTIONNAIRE

James R. Yates, et al., Handbook for Future Planners, NASDSE, Washington, D.C. 1980.

	LIKELIHOOD					IMPACT (presuming occurance)				
	LOW			HIGH		LOW			HIGH	
	1	2	3	4	5	1	2	3	4	5
	1	2	3	4	5	1	2	3	4	5
	1	2	3	4	5	1	2	3	4	5
	1	2	3	4	5	1	2	3	4	5
	1	2	3	4	5	1	2	3	4	5
	1	2	3	4	5	1	2	3	4	5
	1	2	3	4	5	1	2	3	4	5
	1	2	3	4	5	1	2	3	4	5

ATTACHMENT B

LIKELIHOOD-IMPACT MATRIX

IMPACT

	LOW				HIGH
LIKELIHOOD	1	2	3	4	5
1					
2					
3					
4					
5					

James R. Yates, et al., Handbook for Future Planners, NASDSE, Washington, D.C. 1980.

ATTACHMENT C

CROSS IMPACT MATRIX

1) ASSUME THE EVENT HAS OCCURRED.

2) DETERMINE THE IMPACT IT WOULD HAVE ON THE POSSIBLE OCCURRENCE OF EACH EVENT LISTED ACROSS THE TOP OF THE MATRIX AND ENTER THAT WEIGHT IN THE APPROPRIATE CELL, USING THE FOLLOWING SCALE:

LITTLE OR NO IMPACT				GREAT IMPACT	
0	1	2	3	4	5

3) DETERMINE THE POSITIVE (+) OR NEGATIVE (-) VALUE OF THE IMPACT AND ENTER THE SIGN IN THE APPROPRIATE CELL.

EVENT #

EVENT #	▨					
		▨				
			▨			
				▨		
					▨	
						▨

POWER

STABILITY

James R. Yates, et al., Handbook for Future Planners, NASDSE, Washington, D.C. 1980.

ATTACHMENT D

FORCE FIELD ANALYSIS

EVENT ____

ENHANCING FORCES	INHIBITING FORCES

James R. Yates, et al., *Handbook for Future Planners*, NASDSE, Washington, D.C. 1980.

CHAPTER VI

GUIDELINES FOR THE ESTABLISHMENT AND IMPLEMENTATION OF A MULTIPLE AGENCY APPROACH TO SERVICES*

Maryland State Deparment of Education

Introduction

The State Coordinating Committee on Services to Handicapped Children (hereinafter referred to as Committee) was established by Executive Order issued by Acting Governor Blair Lee, III, on June 16, 1978. The Committee was instructed to define specifically how the recommendations of the Governor's Phase II, would be implemented. The specific charges to the Committee were as follows:

1. Make recommendations to the Governor for an interagency admission, review, and dismissal procedure to coordinate the placement of and funding for handicapped children in nonpublic facilities.
2. Make recommendations to the Governor on the administrative procedures necessary for the implementation of the other recommendations of the Governor's Commission on Funding the Education of Handicapped Children, Phase II.
3. Coordinate its efforts with all State agencies and Departments serving the handicapped children of this State.

The scope of the Committee's work was further defined in a letter from Governor Harry Hughes dated March 6, 1979. A report from the Committee, due to the Governor on June 30, 1979, was to contain recommendations related to the following:

1. A definition of handicapped.
2. The division of case management responsibility for handicapped children.
3. The division of responsibility for the cost of placements for handicapped children.
4. Payment of costs.

A list of Committee members is attached. Dr. Linda Jacobs, Department of Education, was designated Chairperson and Dr. Stanley Platman, Department of Health and Mental Hygiene, was designated as Vice Chairperson. Dr. Jacobs served as Chairperson until July 5, 1979, at which time Dr. Platman became Chairperson and Ms. Geraldine Aronin was designated Vice Chairperson.

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*From a report of the State Coordinating Committee on Services to Handicapped Children.

The Committee has met regularly since August 31, 1978. The Committee has examined the needs of all children under the care of the three Departments with particular attention to those children considered handicapped under State and Federal Law. However, the recommendations of this Report are directed primarily to those children who require nonpublic residential placement. The report outlines a structure which the Committee believes will insure the coordination of public services to children. The major recommendations are as follows:

1. The establishment in each subdivision of the State and Local Interagency Coordinating Council (LCC) for the purpose of reviewing cases which may require residential placement.
2. The establishment of a State Coordinating Council (SCC) for the purpose of supervising the operation of the LCC system and approving certain placement recommendations of the LCC's.
3. The establishment of a funding pool for the purchase of nonpublic residential care.
4. The establishment of uniform rates for the purchase of residential care.
5. The establishment of clear case management responsibility for children requiring residential care.
6. The establishment of clear procedures for coordinating services to children discharged from State operated institutions or requiring other change in residential placement.
7. The provision of administrative appeals from agency, LCC, or SCC decisions.

In order to implement these recommendations, the following tasks must be accomplished:

1. A review of statute and Departmental regulations to determine the need for revision.
2. A study of the relationship between the recommendations and the local, State, and Federal funding sources.
3. A study to determine the projected costs for implementing the recommendations contained in this Report.

The Committee has devised a detailed work plan for the accomplishment of these tasks. In addition to issues relating to implementation of this report certain questions remain to be addressed, particularly how can the State improve residential placement resources for Maryland children, how can support services to children living at home be increased, and what linkages to adult programs must be created. These questions are also included in the Work Plan.

Basic Principles

1. Maryland has a history of providing services to children and adolescents through the efforts of State, local and private agencies. We have consistently affirmed our belief that each child has a right to health and mental hygiene services, social services, and a free appropriate education.
2. Parents have and must retain the major responsibility for caring and rearing their children. The State and its various agencies support this responsibility through the provision of services administered by the various departments of government.
3. In order to assure that the above services are provided in a manner which most safeguards the rights of both parents and children, no child should be placed in a public or nonpublic residential placement, in or out of Maryland (excluding foster care and group homes) without approval of a designated local interagency council (LCC) and a designated state council (SCC).

State Coordinating Council

Composition

1. The State Coordinating Council (SCC) shall be composed of one representative from each of the following Departments: Department of Health and Mental Hygiene (DHMH), Department of Human Resources (DHR), and Department of Education (DOE). Each representative shall have sufficient authority to commit the resources of his/her respective Department and of the funding pool.

2. In addition to the above, a representative from the Governor's office may serve as an ex officio non-voting member of the SCC.

Functions

1. The SCC will periodically review the composition and procedures of each LCC to assure that they are in compliance with the standards set forth below for the LCC.
2. The SCC shall approve, modify, or disapprove recommendations from the LCC of placement or change in placement in public or nonpublic residential care.[1]
3. The SCC shall assure no child is placed by a public agency or at public expense in a facility that has not been evaluated and approved by the State of Maryland.
4. Upon the request of the DHR, or DOE, or DHMH, the SCC shall review any LCC decision.
5. Decisions regarding the treatment plans and placement of children rendered by the Interagency Appeal Board shall be implemented by the SCC in collaboration with the LCC.

Procedures

1. The Chair of the SCC shall rotate annually among DOE, DHR, and DHMH.
2. The SCC shall meet as frequently as is necessary to render prompt decisions in compliance with applicable statutory and regulatory timelines. There shall be a provision for calling emergency meetings on a twenty-four (24) hour basis.
3. If consensus is not possible, then each local Department DHR, DOE, DHMH, shall have one vote.

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[1] SCC review of public placements is considered a desirable goal. However, such review could be delayed pending a review of current admission standards and procedures and the need for statutory or regulatory changes.

4. The SCC shall have specialized and secretarial staff which is responsible to the Chairman. The funding of the SCC staff positions shall be the collective responsibility of the three Departments.

Local Coordinating Council

Each county will establish and operate a Local Coordinating Council (LCC) which will be responsible for assuring that services will be provided for any child whose needs require a multiple agency solution. The LCC will be supplementary to the established administrative procedures.

The principal officers of each Department will share responsibility for the operation of the LCC system. In addition to individual case reviews, the LCC shall plan for the resolution of recurring problems. The LCC shall coordinate with other agencies, including the local Foster Care Review Board.

Composition

1. Each Local Department (Department of Health and Mental Hygiene (DHMH), Department of Human Resources (DHR), and Department of Education (DOE) shall have at least one representative on the LCC. Thus, the LCC shall consist of the Superintendent of Schools, the Health Officer, and the Director of Social Services, or their designated representatives. If a designated representative is used, that representative shall have delegated authority to commit the resources of his respective Department and of the funding pool.
2. A representative of the local governing authority may serve as an ex officio, non-voting member.
3. In any given case others (such as agencies or individuals involved in delivering direct services to the parent) may be selected to participate in the Council's review process. When fulfilling its function as a planning

agency, the LCC shall make every effort to involve a broad spectrum of public opinion, including consumer groups.

Functions

The LCC shall:

1. Review and decide upon solutions to disputes which may arise between local agencies or other parties involved with the specific needs of an eligible child.
2. Recommend to the State Coordinating Council (SCC) placement or change in placement in public and nonpublic residential care.
3. Review at least every two years the cases of children in residential care and recommend continued care or change in placement.
4. Coordinate Departmental resources necessary to implement its decisions.
5. Commit necessary resources to the planning of programs, administration, and funding of all placements, and recommendations for future administration and financial planning.

Procedures

1. The Chair of the LCC shall rotate biennially among the DOE, DHR, DHMH representatives.
2. Cases may be brought before the Council only by DHMH, DHR, and DOE.
3. Each child whose case is reviewed by the LCC shall have a proposed service plan which meets the child's social, health, and educational needs in the least restrictive environment available. The sponsoring Department shall prepare and present the proposed plan (along with the necessary testing and backup materials), which is subject to review, modification, and approval of the Council. The Sponsoring Department shall have the authority, subject to legal limitations, to make temporary arrangements, pending a final decision by the LCC or SCC.

4. Each LCC shall meet as frequently as is necessary to render prompt decisions in compliance with applicable statutory and regulatory timelines. There shall be provisions for emergency meetings on twenty-four hour notice to the members.

5. Parents may be heard by the LCC during its deliberations.

6. If consensus is not possible, then each local Department (DHR, DOE, DHMH) shall have one vote. There shall be provisions for the local DHR, DOE and DHMH to request SCC to review a LCC decision.

Departmental Relationships Outside of LCC

A system needs to be developed between the DHR, DHMH, and DOE for departmental programs to mesh smoothly without involvement of the LCC. The following suggests how this end could be served.

I. State Institutional Admissions and Releases (DHMH)

A. Admissions[2]

1. When as a result of court action, the legal custody of a handicapped child is given to a State Department for the purpose of providing necessary services and that State Department places said child in a State institution operated by another State Department, the first Department will retain responsibility for the child for at least six months following admission. Beyond the six month period if it determines that it is in the best interest of the child, that Department shall request that legal custody be transferred to the Department which operates the Institution. The State Department with legal custody prior to admission shall not retain such legal custody beyond

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[2] The recommendations of this section will be unnecessary if placement in public residential care are made only by the LCC and SCC.

one year after admission. After twelve months the legal custody shall be requested to be transferred to the State Department which operates the Institution.

2. In the event a child is placed in a State Institution without prior review of the LCC, the State Institution will notify the staff person of the LCC in the jurisdiction where the child's parent resides within forty-eight (48) hours of the admission. This is for tracking and future planning purposes. The LCC staff may notify any of the participating agencies which they believe should have such notice.

B. Discharges

1. Normal (i.e., after a period of treatment)

    a. The State Institution prepares an after care plan for the child.

    b. If the child can return home, the State Institution notifies the LCC of the release and certifies to the LLC that adequate plans have been made with the local education agency and the local health department.

    c. If the child cannot return home, the State Institution follows the following procedures:

        (1) Sixty (60) days prior to the scheduled release, the State Institution will notify the LCC who will designate a case manager and within ten days the designated case manager shall meet with the State Institution's staff to begin planning for after care placement.

        (2) Within thirty (30) days prior to release, a joint care plan will be completed (including recommended juvenile court action and/or purchase of care placement).

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(3) If at the end of the thirty (30) day period a plan has not been jointly approved, the LCC will immediately review the case.

(4) If at a time of planned discharge extraordinary circumstances preclude implementation of the plan, one of the following two actions will be taken:

The child will be placed in emergency shelter care until an alternate placement has been approved by the LCC, or

If no emergency shelter is available, a thirty (30) day administrative delay of discharge will be granted pending LCC approval of a plan. (This might require a change in law.)

2. Discharge by Order of Hearing Officer

a. If a child can return home, the State Institution immediately notifies the LCC staff person.

b. If the child cannot return home and there is no suitable alternative placement available, one of the two following actions will be taken:

(1) The child will be placed in emergency shelter care during which time (a) if a child is committed, the Department with commitment plans for alternate placement (involving the LCC is necessary); or (b) if a child is not committed, the parents apply to an appropriate voluntary care program (DHR voluntary foster care of MRA voluntary residential care program) or a Court commitment is sought.

(2) Where emergency shelter is not available, a ten (10) day delay of release will be allowed. (This grace period is dependent on a change in the law.) During this period:

(a) if the child is committed to DHR, DHR plans for alternate placement and involves the LCC if necessary, and

(b) if the child is not committed, the parents apply to DHR for temporary foster care or court commitment is sought.

II. Nonpublic Tuition Child (Non-Committed) Schedule to Return to Community-Based Education Placement

A. Sixty (60) days prior to release from residential treatment, the local education agency will notify DHR staff of the planned change in placement. DHR will routinely offer to assess with the child's family the services needed to help the child become re-established in his/her family and community.

B. If the offer is accepted, DHR will complete its assessment with the family within thirty (30) days, during which time the local education agency will maintain the child in his/her current nonpublic placement.

C. If this offer is refused, return of the child to community based educational program will proceed as planned, unless DOE or the institution notifies DHR of suspected child abuse or neglect in which case protective service procedures shall ensue.

D. If the assessment indicates the child cannot return home, DHR will seek commitment and continue the child in residential care. (In that case, the

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parents would become obligated on a sliding scale basis for all non-educational costs, which were being paid prior thereto by the State). The scope of the State's responsibility for non-educational costs is currently under legal review.

III. Court Committed Child in Community-Based Care (In Public School or Out of School) Requiring Review of Educational Programming.

A. It is assumed that normal ARD Committee screening procedures will apply equally to children in out of home placements.

B. Where review of educational programming is needed, the case manager shall be an advocate for the child before the local school or ARD Committee(s). (This is also an appropriate role for foster parents or group home social work staff. Training will be required for DSS and JSA casework staff in ARD Committee and other school procedures).

C. Where the child must change schools (within a county or between counties), the case manager will cooperate with the principal of the new school. The new school will review the child's IEP. (Training will be required for LEA staff to familiarize them with the special needs of foster children and facilitate school planning for children in changing placements).

D. When a child is transferred from private or general hospital to the Public Sector (Private Sector-DHMH):

1. The private hospital will notify the appropriate DHMH administration ten days prior to discharge.
2. The private hospital will work out the transfer arrangements directly with DHMH and MHA.
3. Where a transfer is not possible or not indicated, DHMH will bring the case before the LCC.
4. If an emergency transfer is required or appropriate, legal procedures will be applied.

Case Management

A. Each child coming before the LCC shall have a case manager.

B. Case management responsibility will be assigned as follows:

1. Department of Education

   The LEA shall have case management responsibility for non-committed children referred by the ARD Committee to the LCC.

2. Department of Human Resources

   The Local Department of Social Services shall have case management responsibility for all children adjudicated CINA.

3. Department of Health and Mental Hygiene

   a. Juvenile Services Administration shall have case management responsibility for all children adjudicated CINS or delinquent.[3]

   b. All other DHMH administrators (including local health departments) shall have case management responsibility of the children which are in their legal custody.

4. In any case where case management assignment may be unclear or under extraordinary circumstances, the LCC shall designate a case manager.

C. The case manager shall:

1. Develop a treatment plan (medical, psychological, social and educational needs) for the child if one has not already been developed.
2. Assure the implementation of the treatment plan.
3. Monitor the treatment plan and initiate revision, as needed.

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[3] The transfer of responsibility for children adjudicated CINS to DHR is viewed as an issue issue warranting further detailed consideration.

4. Evaluate every six months, the child's adjustment to the placement and, when required, initiate reconsideration of this placement by the LCC.

5. Maintain contact with the natural parents for purposes of assuring their understanding and acceptance of the treatment plan. (Except in foster family care placements, the case manager is not the provider of ongoing family service).

Appeal Procedures

There shall be created an Interagency Appeal Board which shall have jurisdiction over appeals for local agency LCC/SCC decisions regarding a child's need for multi-agency residential services. (This may require statutory changes.) The appeal procedures would be as follows:

A. Each individual Department operates a decision-making body which has the authority to make decisions regarding the provision of services by that Department. In all instances in which the Department, acting by itself or through an informal arrangement with another Department, can resolve the service requirement, there would be no need for these decisions to go to the LCC or through a State or local appeal process. Any appeals which arise which involve only single Department funding and/or programming should be resolved by the Hearing Appeal Process already in place for those individual Departments. Jurisdiction of these existing appeal units will be clearly limited to disputes which do not involve a question of the need for multi-agency residential services.

B. Local parental or client disputes which involve multi-agency residential services will be referred directly to the LCC for review without involvement of the Department's appeal process. (If the Department fails

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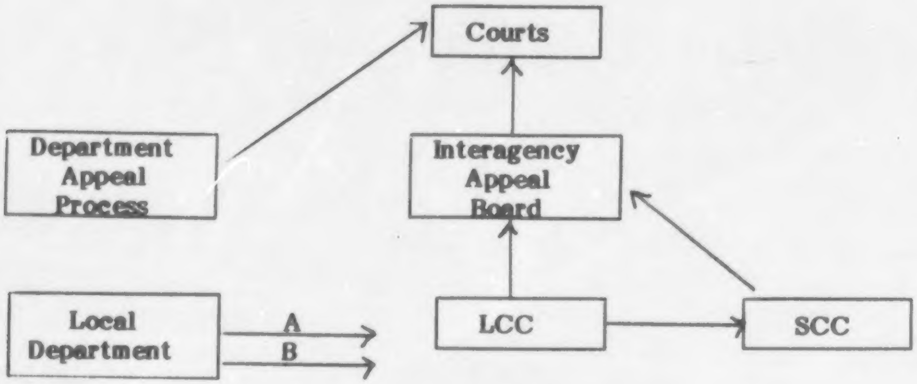
to refer such disputes to the LCC, this failure will be appealable to the State Interagency Appeal Board). If the LCC upholds the Department's decision, the parent or client may appeal the Department's decision to the Interagency Appeal Board. If the LCC reverses the Department's decision, this decision will be processed through normal SCC approval procedures.

C. Cases which are brought to the LCC without agency/client dispute will be treated under normal LCC procedures. If the LCC decides against multi-agency residential placement and returns the case to the presenting Department, this decision may be appealed directly to the Interagency Appeal Board under the same procedures outlined above.

D. Cases which are brought to the SCC without previous appeal will be treated under normal SCC procedures. If the SCC decides against the LCC recommendation, this decision may be appealed to the Interagency Appeal Board under the same procedures outlined above.

E. In cases where the Interagency Appeal Board rules on appeal, the Interagency Appeal Board will refer the case to the LCC with instructions to make a specific placement or to develop a plan for residential placement and report back to the Interagency Appeal Board within a specified period of time. The case will remain under the jurisdiction of the Interagency Appeal Board until a plan is developed which is acceptable to the Interagency Appeal Board. Both the LCC and the SCC will be bound by the Interagency Appeal Board's decision.

F. Apeals from the Interagency Appeal Board would go to Court.



A. Parent/Client disputes Local Department Decision.
B. Normal administrative processing of non-disputed cases.

Fiscal Recommendations

1. All non-public residential care placements within or without the State shall be purchased from a common funding pool initially established by pooling all existing funds utilized for this purpose. This funding pool shall be utilized to purchase basic care, social services, educational services, and health care.
2. The funding pool shall be established at the State level. Two options are available:
    a. The pool could be placed in an agency other than any of the participating Departments if it is vital to emphasize that the money is not the property of any one Department.
    b. The pool could be placed in the budget of one of the participating Departments with sufficient restrictive provisions to prevent funds from being spent from the pool without the concurrence of all of the Departments involved, and to assure joint responsibility for any deficiency in funding.

3. A common set of uniform rates shall be established for the purchase of basic care in foster family homes and group homes. Regional social services, educational services, and health care shall be provided within the community for children in foster family homes and group homes. For the purchase of non-public residential care, uniform rates will be negotiated between the State and individual providers.

4. In order to facilitate the establishment of a funding pool and uniform rates, the three participating Departments shall obtain uniform data on the costs of providing basic care, social services, educational services, and health care for the fiscal year 1980. The funding pool shall be created by budget amendment in fiscal year 1982 and uniform rates shall be established no later than fiscal year 1982.

5. Concurrent with the introduction of uniform rates, the Departments will establish uniform policies for the collection of fees from parents, guardians, or appropriate third parties. Services which will be provided at no cost to the parent or guardian will include educational services for all children placed through LCC procedures and education related services where these are mandated for handicapped children covered under State and Federal law.

Glossary of Terms

ARD Committee	Admissions, Review, and Dismissal Committee
Basic Care	Includes all boarding costs and basic care supervision
CINA	Children in Need of Assistance
CINS	Children in Need of Supervision
Committee	State Coordinating Committee
DHMH	Department of Health and Mental Hygiene
DHR	Department of Human Resources
Handicapped	For the purposes of the State Coordinating Committee, handicapped children are those defined by the Federal and State laws regardless of where the children are now placed.
JSA	Juvenile Services Administration
LCC	Local Coordinating Council
LDSS	Local Department of Social Services
LEA	Local Education Agency
LHO	Local Health Officer
MHA	Mental Health Administration
MRA	Mental Retardation Administration
MSDE	Maryland State Department of Education
Nontechnically Handicapped	A term applied to those clients who do not meet criteria for "handicapped" under PL 94-142 but have severe problems which require specialized services which are provided by two or more agencies.
Residential Care	Out-of-home placement in a residential setting, excluding group home and foster family home placement.
SCC	State Coordinating Council
SCC Secretariat	The permanent staff assigned to the SCC.

CHAPTER VII

SOCIAL SHOCK: THE DEVOLUTION OF HUMAN SERVICES

Gary Bass

"The sky is falling! The sky is falling!" cried Chicken Little. But no one was listening.

"A revolution is happening! A revolution is happening!" Is anybody listening now? We had better if we are to provide adequate care for the people we are concerned about.

Those of us in human services have exerienced not merely a realignment of our service delivery structure, but rather a major revolution. Federal decisions regarding human services are being based primarily on fiscal considerations, not necessarily on what is best for recipients. The Reagan Administration has a firm ideological stance that the federal government should not be responsible for providing human service. Hence, the devolution; the Administration plans to turn the responsibility for human services over to the states.

We must take hold of the fact that major change is coming. We must meet that fact with an equal force of preparedness. This will involve breaking the mold on the way we have been doing things (for many of us since time immemorial) and begin challenging our existing infrastructures.

Yet many people believe we are like the boy who cried "Wolf" — just another false alarm. We say to you, the facts speak for themselves. You can ignore them only so long and then you must confront them face to face. What we don't want to happen is to discover the cry of "Wolf" is real at a time that is too late.

This chapter is intended to shock and dismay you. It is intended to give you a picture of the scope of change that will be filtering down to the state and local level. But even more important, it is intended to force us into action. Action which requires challenging the way we have been doing things; action which calls for the creation of new paradigms; and action which calls for future thinking.

It seems we usually jump to action whenever a crisis arises. The crisis is here! Unless we act quickly and unless we begin working closely with people who represent programs we usually don't work with, then we are in for disaster. The abandonment of federal responsibilities, the inevitability of shrinking resources, and a shifting value strucuture in American society require us to give concentrated effort to coordinated human service planning.

The Revolution

In 1981, President Reagan proposed the consolidation of approximately 94 federal programs into four block grants. Although the block grant notion is not new, it gained quick momentum in Congress. Nevertheless, the President did not get all that he wanted. Rather Congress enacted nine blocks which consolidated some 57 federal categorically funded programs. For a full explanation of what these block grants are and what changes Congress put into law affecting human services, see A Citizen's Guide to Changes in Human Service Progams edited by Jule M. Sugarman.

A true block grant involves a shifting of responsibility to states for a range of related activities, and giving states authority to operate programs in any manner they see fit. The state is subject to relatively few federal regulations, is not required to have federal approval of a plan before money is spent, and is allowed to do its own auditing and monitoring of programs. When a block grant is enacted, the originating legislation is repealed.

In general, Congress did not enact true block grants. Many strings were attached forcing states to perform in a prescribed manner. For example the Alcohol, Drug Abuse, and Mental Health Block Grant stipulated that a community mental health center that was eligible for funding in FY 1980 must be refunded. In fact, to defund a CMHC a special appeal must be made to the Secretary of the Department of Health and Human Services. Additionally, most block grants require the states to submit an application to become eligible for funds.

The block grants as enacted, do, however, represent a major shift in responsibility in our service delivery structure. It now becomes the states' discretion to fund or not fund programs with the block grant funds they receive. States will need to adopt regulations for implementation of programs. Many states do not currently have administrative mechanisms available for accepting the federal dollars or appropriating the money. Questions loom about civil rights protection, monitoring evaluation, accountability, and complaint procedures.

The final regulations issued on July 6, 1982 on block grants administered by the Department of Health and Human Services make clear that states are in total charge of these programs. The theme has been set by this quotation from the regulation:

> The Secretary has determined that the Department should implement the block grant program in a manner that is fully consistent with the Congressional intent to enlarge the state's ability to control use of the funds involved. Accordingly, to the extent possible, we will not burden the state's administration of the programs with definitions of permissible and prohibited activities, procedural rules, paperwork and record keeping requirements, or other regulatory provisions (Federal Register, July 6, 1982).

With the legislative changes and their regulatory interpretations also come, in many cases, severe budget reductions. If we take out Social Security (it really is a separate fund), since FY 1980, in constant 1980 dollars, our human services budget has been cut slightly over 20% (if we include low income housing programs, construction and federal personnel costs, the percent decrease would be larger). When the President says he is not cutting human services, but rather slowing the rate of growth, the numbers simply do not support him. In fact, in 1980, of every $100 of GNP, $8 went to human services. By 1987, the President would like to lower that to $2. Table I provides a summary of federal cuts to block grants that were enacted during the summer of 1981. The chart shows an adjustment for inflation based on the GNP Implicit Deflator. It is important to talk about constant dollars since this is the real purchasing power available.

For FY 1983, the President proposed a budget that has been dubbed "draconian" and was flatly rejected by the Republican controlled Senate. His budget calls for additional cuts to service delivery programs, the creation of additional block grants, and an increased defense budget. In the budget he makes clear that by FY 1987 defense would comprise approximately 50% of national budget. For a full description of the proposals see President Reagan's 1982 Proposals by Jule M. Sugarman and Gary D. Bass.

But the revolution is much greater than simply budget reductions or adoption of block grants for our service delivery programs. It also involves massive changes to income maintenance programs — Medicaid, AFDC, Food Stamps, and SSI. Eligibility for these income tested programs have narrowed, services have been reduced, and administrative responsibilities have been shifted to the states. As a result, the working poor have been dramatically affected.

The Congressional Budget Office has estimated that one million people will be denied food stamps because of the law enacted in 1981. If the President's proposals are adopted, an additional 920,000 households (12%) would also be eliminated or dropped out because their benefits would be so low.

A study by Tom Joe at the Center for Study of Social Policy showed that it is the working AFDC parent who is hit hardest by changes to AFDC. Under current law the working AFDC mother would actually earn less than the non-working AFDC mother in 12 states. Based on the President's proposals for next year, in 24 states the working AFDC mother would earn less than the non-working AFDC mother. The U.S. average for the difference in monthly income between the working AFDC mother and the non-working mother in 1981 was $146; in 1982, $26; and in 1983 it would be $9 based on the President's proposal. It simply does not pay to work.

The stories of families losing eligibility for AFDC, Medicaid, and other benefits are only beginning to develop. On the service delivery side, states have begun to contend with the massive changes by adopting administrative changes, creating alternative revenue sources, and making hard programmatic choices. This latter point has been a very difficult process, and, as often as possible, has been avoided.

Last August Congress passed the Economic Recovery Tax Act of 1981. The new tax structure has been organized to promote a massive upward redistribution of income. In the General Explanation of the Tax Act of 1981, the Joint Committee on Taxation present Table I on the changes in tax rate schedules for joint returns.

The Brookings Institution Tax Project did its own analysis of what the above tax rate schedule will mean. The following table describes their analysis.

The tax reduction for 1984, which averages 26.1 percent of income, shows that the tax cut does generally proportionately reduce taxes for all income classes (except those making $1 million and over). The higher percentage cut in the top income bracket is attributable to the cut in the top-bracket rate on unearned income from 70 percent to 50 percent, the reduction in the capital gains rates from 28 percent to 20 percent, and new saving provisions (the benefits of which will be concentrated in the top part of the income distribution).

But more importantly, note the last column of the table, which represents the disposable income. Because of a uniform reduction in tax rates, we find the disposable income increases much more for those in higher tax brackets. In 1984, the change in disposable income resulting from the tax cut increases steadily from a low of .3 percent for those receiving less than $5,000 to a high of 26 percent for those with incomes over $1 million.

Frances Fox Piven and Richard Cloward, in their fascinating book, The New Class War, point out that "80 percent of the benefits go to the 1,700 largest corporations (which have generated only 4 percent of all new employment over the past twenty years)." The net effect of the changes are such that 85 percent of the benefits go to those with incomes over $50,000.

TABLE I

Tax Rate Schedules Under Prior Law and the Act for 1982, 1983, and 1984 (Joint Returns)

(In percent)

Taxable income bracket	Under prior law	Under the Act		
		1982	1983	1984
0 to $3,400	0	0	0	0
$3,400 to $5,500	14	12	11	11
$5,500 to $7,600	16	14	13	12
$7,600 to $11,900	18	16	15	14
$11,900 to $16,000	21	19	17	16
$16,000 to $20,200	24	22	19	18
$20,200 to $24,600	28	25	23	22
$24,600 to $29,900	32	29	26	25
$29,900 to $35,200	37	33	30	28
$35,200 to $45,800	43	39	35	33
$45,800 to $60,000	49	44	40	38
$60,000 to $85,600	54	49	44	42
$85,600 to $109,400	59	50	48	45
$109,400 to $162,400	64	50	50	49
$162,400 to $215,400	68	50	50	50
$215,400 and over	70	50	50	50

TABLE II

Individual Income Tax Liabilities under the 1980 Law and the Economic Recovery Tax Act of 1981, Calendar Years 1982-84

	Adjusted gross income class (dollars)[a]	Effective tax rate (percent)		Tax reduction		
		1980 law	1981 law	Percent of tax	Percent of adjusted gross income before tax	Percent of adjusted gross income after tax
982	0-5,000	1.2	1.1	10.7	0.1	0.1
	5,000-10,000	6.5	5.8	11.4	0.7	0.8
	10,000-15,000	10.0	8.9	11.2	1.1	1.2
	15,000-20,000	12.3	10.9	11.2	1.4	1.6
	20,000-25,000	13.5	11.9	11.5	1.5	1.8
	25,000-50,000	15.8	13.8	12.4	1.9	2.3
	50,000-100,000	23.4	20.3	13.3	3.1	4.1
	100,000-200,000	33.3	28.9	13.2	4.4	6.6
	200,000-500,000	40.8	34.4	15.8	6.4	10.9
	500,000-1,000,000	44.6	36.9	19.2	8.6	15.5
	1,000,000 and over	47.3	36.9	22.0	10.4	19.7
	All classes[b]	16.5	14.4	12.7	2.1	2.5
983	0-5,000	1.2	1.0	21.8	0.3	0.3
	5,000-10,000	6.8	5.4	20.5	1.4	1.5
	10,000-15,000	10.2	8.1	20.6	2.1	2.4
	15,000-20,000	12.5	9.9	20.8	2.6	3.0
	20,000-25,000	14.0	11.0	21.4	3.0	3.5
	25,000-50,000	16.1	12.4	22.9	3.7	4.4
	50,000-100,000	23.5	18.1	22.8	5.4	7.0
	100,000-200,000	33.4	26.5	20.5	6.8	10.3
	200,000-500,000	40.8	33.2	18.8	7.7	13.0
	500,000-1,000,000	44.8	35.8	20.0	9.0	16.2
	1,000,000 and over	47.3	36.8	22.2	10.5	19.9
	All classes[b]	17.5	13.7	22.0	3.9	4.7
984	0-5,000	1.3	1.0	25.3	0.3	0.3
	5,000-10,000	6.9	5.3	24.1	1.7	1.8
	10,000-15,000	10.5	7.9	24.4	2.6	2.9
	15,000-20,000	12.8	9.6	24.9	3.2	3.6
	20,000-25,000	14.3	10.6	25.5	3.6	4.2
	25,000-50,000	16.4	12.0	26.6	4.3	5.2
	50,000-100,000	23.4	17.3	26.0	6.1	8.0
	100,000-200,000	33.7	24.3	27.1	9.0	13.6
	200,000-500,000	40.8	30.9	24.3	9.9	16.8
	500,000-1,000,000	44.9	33.4	25.8	11.6	21.0
	1,000,000 and over	47.2	33.5	29.1	13.8	26.1
	All classes[b]	18.3	13.6	26.1	4.8	5.9

Source: Calculations based on the Brookings 1977 income tax file projet to 1982-84. Figures are rounded.

a. As defined in the 1980 law.

b. Includes negative adjusted gross income.

The assumption is that by cutting taxes for the wealthy, profits will be greater. Hence, investments and business development will increase; presto, magic, a healed economy. It was none other than David Stockman, Director of the Office of Management and Budget, who shot this supply - side theory down. In his now-famous interview with William Greider, Stockman conceded the tax bill was a "Trojan Horse" full of tax benefits for the rich, and that supply-side economics is nothing but traditional Republical "trickle-down" economic theory in disguise. Maybe it should be called supply-sliding economic theory as interest rates continue to soar, unemployment levels are near the levels during the Great Depression, inflation rears its thorny crown, housing starts are way down, and increasing numbers of companies are declaring bankruptcies.

The facts, as they stood in July, speak for themselves. Our total national output as measured by the GNP in constant 1972 dollars was down 2.2% from a year ago; the latest unemployment figures are up 37.9% from a year ago (the 9.8% joblessness rate in July was the highest since 1941); although inflation, measured by the Consumer Price Index, has dropped from 10.7% a year ago to 7.1% today, business failures are running at 43% above 1981's pace with 450 smaller operations shutting down each week; industry output is off 10.1% from last year, and the stock market is down 17.8% from last year. While we may see fluctuations in these figures such as a concerted effort to lower interest rates, the general picture of our economy is rather gloomy. Spurts in the stock market because of the easing of federal monetary policy, have little to do with long-term investments.

It is our sense, however, that we have hit the bottom of the sagging economy. Whether we have started the road to economic recovery is unclear and must be monitored closely. Slight changes in unemployment, real economic growth, or interest rates may demonstrably alter the picture for national revenues, outlays, and deficits. All of this is to say that the economy is very shaky and will directly affect the funding, management, and delivery of human services.

But more is to come for human services. The Block grants, changes in legislation, and budget reductions are only interim steps for this Administration to a much broader goal. That goal is the abrogation of federal responsibility for human service programs save possibly income security programs. The guiding principle is policy by fiscal decisions. Rather than policy being determined by meeting the needs of a certain group of individuals, it is now being determined by large deficits and by unyielding economists.

The President's New Federalism proposals call for a federalized Medicaid program, shifting responsibility for AFDC to states, and the creation of a temporary trust fund to assist in the translation of turning back to states responsibility for programs. For the most part, the substance of the New Federalism proposals has been rejected. Nevertheless, the concept of shifting responsibility is generally well-liked by many governors, and county and city officials. Additionally, the President plans to make a strong push for New Federalism legislation after the elections in 1982.

The full effect of this is still unclear, because it is largely dependent on the substance of the legislation. However, it is clear that states will be facing difficult choices regarding those service delivery programs included in the Trust Fund. The current turnback plan calls for establishing a $20.4 billion Trust Fund to support the following:

EDUCATION & TRAINING: Vocational rehabilitation, Vocational & Adult Education, Chapter 2 Education Block Grant, CETA, WIN;

ENERGY ASSISTANCE: Low Income Energy Assistance;

SOCIAL, HEALTH, & NUTRITION SERVICES: Child Nutrition, Child Welfare/Foster Care & Adoption Assistance, Runaway Youth/Child Abuse, Social Services Block Grant, Legal Services, Community Services Block Grant, Preventive Health Block Grant, Alcohol, Drug Abuse & Mental Health Block Grant; Primary Care Health Care Centers, Maternal and Child Health Block Grant, Primary Care Research & Development, Family Planning;

TRANSPORTATION: Urban, Secondary, Apalachian Highways, UMTA Construction, UMTA Operations, Highway Safety;

COMMUNITY DEVELOPMENT & FACILITIES: Water and Sewer Grants & Loans, Community Facility Loans, Community Development Block Grant, Waste Water Treatment Grants; and

REVENUE SHARING & TECHNICAL ASSISTANCE: General Revenue Sharing.

Based on the President's estimates of inflation, these programs would cost in today's dollars $41 billion to operate when the Trust Fund would start with its $20.4 billion.

Money for the Trust Fund would come from federal excise taxes such as the federal tax we pay on cigarettes (currently 8 cents per pack), alcohol, and tobacco. Starting in FY 1988 the Trust Fund will begin disappearing. At the same time, $11.6 billion of federal excise taxes will be repealed, thereby allowing states to impose new excise taxes or, for that matter, any kind of tax to replace the lost federal revenue. Frankly, the President's assumption that states will pass new excise taxes to make up for lost federal revenue would appear, on the most practical level, unlikely to occur. Not many voters are eager to embrace a new tax — even if they, in truth, would not be paying any more money than they do now.

Beyond 1987, states would no longer be required to have an AFDC program in the state. Prior to that time there would be a Safety Net Assistance Fund for those states facing economic hardship and not able to provide a minimum level of AFDC benefits. But if the state used this assistance for its income maintenance program it would decrease its share of the Trust Fund, designed for service delivery programs; thus, income maintenance vs. service delivery.

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AFDC benefits. But if the state used this assistance for its income maintenance program it would decrease its share of the Trust Fund, designed for service delivery programs; thus, income maintenance vs. service delivery.

For Medicaid, although not fully spelled out, the new federal Medicaid program would have two components; short-term care and long-term care. The long-term care component would be in a block grant form with fixed amounts for several years for states to administer without money for the administration. Given long-term care is the most expensive portion of Medicaid, states are very wary.

Whether or not the substance of the proposal changes, is unimportant. What is important, is understanding the concept behind the New Federalism -- the abandonment of federal responsibility for human service programs coupled with a shift in revenue raising responsibility. This ideology is far more radical than the Nixon revenue-sharing plan or the first round of Reagan's block grant proposals.

It seems to us that we need to do two things simultaneously. First, we should try to persuade the Administration and our Congressional members to relook at the whole concept of New Federalism and influence their decisions to best serve our needs (e.g., put stipulations on the so-called Trust Fund, take our programs out of the Trust Fund, require states to provide mandatory cash assistance programs with prescribed minimum levels of benefits, etc.). We should not regard the President's proposals as inevitably happening; rather we should fight for what we believe would be better policy. Lest we forget that the U.S. Conference of Mayors was formed in the 1930's to demand federal help in dealing with unemployment problems and again in the 1960's it was again a voice pressuring the federal government to respond to urban unrest.

At the same time we defend and advocate for our programs, we need to plan for the future. The notion of shifting responsibility for provision of human services and the shrinking amount of resources available calls for new ways of looking at structural and programmatic delivery issues. Unless we begin trying new ideas we will be destined to dismal failure.

The Myth

First, let's dispell the myth that the private sector can replace the federal cutbacks in human services. To encourage more corporate contributions, the President supported and Congress enacted changes in our tax law that allow deductions of charitable contributions to rise from 5% to 10% of taxable income. Yet when Mr. C. William Verity, chairman of the President's Task Force on Private Sector Initiatives and president of Armco Steel, was asked what percentage of pretax net income did corporations give in 1981, he said that it averaged 1.29%, which, by the way, is an all-time high.

More importantly, even if corporations were to quadruple the $3.0 billion they gave in 1981, it would not be able to meet one quarter of the gap created by the anticipated cuts in human services. Corporate giving amounts to only 5% of the total private sector giving, which is about equivalent to foundation giving. This is small change compared to the $44.5 billion given by individuals.

Incidently, the largest portion of individual giving is contributions made to churches and higher education institutions. There is no record or expectation of business, or for that matter United Way, replacing basic income support programs like AFDC, SSI, food stamps, housing assistance, and job creation. Yet those areas are where the largest reductions in federal funds are taking place.

We should also mention that analysts fear the reduction of the maximum tax rate from 70% to 50% will increase what economists call the "cost of giving." For individuals in a 70% tax bracket, a $1 donation actually costs only 30 cents, the amount the dollar would be worth if they did not donate it. When the tax rate is reduced to 50%, this effectively increases the "cost of giving." This disincentive to contribute has been estimated to reduce giving by as much as $18.3 billion from levels anticipated prior to the Tax Act of last year.

The bottom line is this: even if the President achieves his goal of doubling private sector contributions ($53.62 billion in 1981),[1] we would be replacing less than 50% of our cost for human services programs. And as mentioned above, this money is generally not used for programs that have taken the largest cuts. Simply put -- it is an empty promise that the private sector can replace the funding previously provided for by government.

The changes of state and local governments picking up the tab are also unlikely. Three-quarters of the states dipped into their reserves in FY 1982 in order to avoid red ink in their budgets. Even before the federal cuts have been fully felt, tax increases and spending cuts are widespread. Likewise, many cities and counties are slashing services. Little improvement is anticipated.

Where does this leave us? High and dry? Up a creek without a paddle? The straw that broke the camel's back? The analogies are endless. One state administrator recently said, referring to human service programs, "We will see social Darwinism at its best. It's survival of the fittest."

Future Shock

Although this report has talked about different strategies and techniques for interagency collaboration, this chapter implies that those ideas will only serve as a "band-aid effect" to a much more serious issue. In this chapter, we have discussed the current political atmosphere regarding human services and the policy changes that are and will be occuring to our infrastructures. Two points need to be made regarding the impact of the changes.

First, we are against the astounding budget cuts and legislative changes occurring to human services programs and the shifting of budget priorities to defense outlays.

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[1] Keep in mind that in 1980, nearly 50% of contributions were church related.

This is not to say that there does not need to be a cutting back on spending for federally financed programs. But it is to say that cuts based on fiscal priorities without regard to human needs is dangerous; changes in our infrastructure that occur practically overnight are catastrophic; and the thrust of the New Federalism initiatives produce inequities and regional service disparities that will make services for those in need very difficult to obtain. We feel strongly that those of us in human services (whether dealing with preschool handicapped children or adult basic education or services to the elderly or employment assistance to minorities or any other aspect of human services) must band together and vigorously fight proposed changes.

Nevertheless, we realize that significant change is coming down the road. Yet, we have noticed in recent times a conspicuous lack of discussion about our methods of delivering services. It was not long ago that we would meet and spend inordinate amounts of time talking about the inadequacies of our service delivery systems. We had talked about treatment modalities, innovative curriculum, and other programmatic ideas for improving the way in which people received services.

In light of the changes that have occurred and the notion that we must do future planning, we are suggesting some new roles that we must play in human services. We discussed these ideas during a time when we met to talk about interagency collaboration because the intent of such collaboration is to improve the delivery system. With such massive changes coming, interagency collaboration, alone, cannot help us.

The suggestions we offer are not intended to be inclusive of all ideas. Rather, we hope this will become the starting point for exploration into ideas around how we should structure our policies and programs to best benefit those we care about.

An Agenda for Action

1. We must begin to view our roles in new ways. While we have always been advocates for the people we serve and care about, we must renew this attitude. Many of us have tended to avoid the use of the word advocacy — but it is not

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a dirty word. The following points all incorporate a new role for us with the undergirding assumption that we are advocates.

2. It becomes our responsibility to understand the interlocking nature of human services programs. This involves becoming knowledgeable about other programs, fiscal issues, budgetary processes and legislative and regulatory changes. For example, when working with handicapped children, we must know about the family situation, about income maintenance and income security programs (many families may be eligible for support), about child nutrition, about maternal health, and many other issues. Each of these impacts on the incidence of disability and the life of the child.

   We need to develop an understanding of state processes that involve methods for distributing funds (some of which used to come from the federal government), developing rules and regulations, and, in general, setting state and local policy.

   It also means getting involved in politics. For most of us, this will be very unusual. We have been trained to know our substantive area, work hard, write good proposals, do good research, etc., but all devoid of the political context within which we are operating. The political realm has been taboo to become involved in. Yet there is an expression that means much to us — "If you ignore politics, politics will ignore you."

3. It becomes our responsibility to demystify the budget process and to play more of an educator's role. This education process will create an understanding of how programs are structured and what services are available to individuals. We need to share this unique knowledge with legislators, policy-makers, appropriate agency and program administrators, administrators of provider organizations, and organizations and individuals representing individuals who use our service delivery system.

4. We recognize that this education and advocacy process needs to be shared with individuals who participate in human services. These individuals should include disabled individuals, low-income individuals, seniors, students, families, among many other people. Change has too often been a part of blaming the victim ideology so that the people we are paid to assist become victims of oppressive policy. It becomes our responsibility to empower individuals in a manner that allows people who receive services some control over the policy directions of the programs. We need further exploration of ways to expand upon, or develop methods for developing an equitable system with equal access for all individuals. This will involve strategies for community organizing, educating, individuals and neighborhood groups, and deprofessionalizing our human services policies and programs.

5. For researchers, it becomes imperative that there be a marriage between research and public property. The academic community has believed that its proper domain is to engage in dispassionate analysis and report their work to the research community. As researchers, we do not necessarily concern ourselves with the practical uses to which our knowledge might be put to use.

   Henry Aaron has said, "Analysts not familiar with the government decision-making process are surprised and often shocked by how small a direct contribution research makes."

   We must be careful that research that is conducted is not obfuscated by academic jargon. Social research can be invaluable if done in a manner that can be used by advocates of programs and services as well as policy makers.

6. We need to approach interagency planning as a step in coordinated planning of human services. Too often interagency agreements are based on very narrow issues and on delineation of responsibilities (read, funds). Issues for interagency agreement should stem from and revolve around what services should and need

to be provided to various target groups. After identifying the necessary or desired services, then indicate the best way of providing the service(s).

At a time when we are realigning the way we provide human services, interagency agreements will only provide patchwork to what may need major reconstruction. Coordinated planning, which involves interagency cooperation as well as cooperation and involvement from many other groups and individuals, is more essential.

Planning must take place in concert with all levels of the public and private sector. Statewide planning has historically been done by the individual state agencies responsible for administering the programs. Nevertheless, counties, cities, and service providers are responsible for planning, administering, and implementing on the local level in accordance with state regulations and guidelines. Simple interagency agreements are too limiting and may in the long run be counter-productive without the input from others involved in program support. This involves individuals at different levels of the system(s) such as federal, state, and local government, religious and charitable organizations, private sector representatives, and human service providers, advocates, and consumers.

7. Coalition building is a necessity today. Realizing the inherent limitations coalitions have, we believe, for a variety of reasons, it is essential to become part of or develop a coalition on human services. The Coalition on Block Grants and Human Needs and the Fair Budget Action Campaign both based in Washington, D.C. have lists of existing coalitions. The strength of the coalition is to deal directly with how the state, city, and county plans to manage the changes described in this chapter. At the beginning of the chapter we identified several critical issues that will directly affect our programs that we must monitor and have input on:

- public hearing procedures including how many, where they will be held, how notice is given, who is invited, training ourselves in giving testimony, etc.

- state legislation and regulations
- how the budget process proceeds, including how allocations are made if legislature is not in session
- state/local administrative expenses and changes
- affirmative action procedures
- will block grants or other funds be targeted to low-income and special need populations
- how will civil rights be enforced so that there is equal access to services
- what complaint procedures will be instituted. For example, will there be an appeal to denial of services or will the denial be given in writing
- what monitoring efforts have been developed
- what accountability standards have been established. Although federal law allows GAO access to books, accounts records, correspondence, and other documents affecting block grants, what state action will assure full access. Will there be legislative, executive, or citizen oversight?

A consolidated voice must be a watchdog and reactor to these issues, which will have lasting impact on our programs.

The Coalition must be broad-based extending beyond your programmatic area.

8. A process for developing a framework for future human services policy needs to be established. While most of us regard planning as very important, we often do not have time for it. We believe it is not only vital to spend time planning, but also essential to challenge the way we have been doing things.

There is little doubt that priorities will be created as to which programs will be supported. In some states, for example, they are wrestling with who should get Title XX money — kids or adults. These are hard questions to answer, but, given the future picture of limited resources, will have to be grappled with. It would be far better for us to contend with the issues rather than let elected and non-elected policy makers who often do not understand our programs develop such priorities. How we make such determinations of priorities needs further exploration.

At the same time, we need to think of innovative, albeit realistic, policy to meet our human needs. We should begin looking into state and federal tax policies that may offer us opportunities to compensate for lack of money. For example, we may want to look at storing tax credits for services trained children, youth and adults provide without financial compensation.

We need to talk about new forms of curriculum that might allow high school students an opportunity to work in day care centers or pre-school programs or other settings and receive credit and training; decreasing or eliminating competing policies (for example, there are over a dozen different federal policies affecting the mental health of individuals which often compete with each other); ways of providing alternative care-giving; ways of helping community self-reliance; and new ways of looking at employment issues in light of our changing technology. There are many other critical issues that we face today and/or will be facing in the coming years that require carefully thought out policy options. Essential at this time is developing a coherent and consolidated approach to financial assistance, service delivery, and other needs of individuals in special need. This will involve attempts at reforming budgetary procedures at the state and local level. However, this needs careful consideration and planning among a variety of groups and individuals.

The driving force of these initiatives will be broad based support and involvement from diverse groups in the public and private sector. Such support needs to be developed within the next year.

9. The potential or change indicated above is enormous. As we all know, people are resistant to change, favoring status quo. Therefore, we need to develop strategies for having our administrators, clinicians, educators, and others who provide services, our policy makers, and the public in general, to make the leap to policy options discussed above. It is our expectation that incremental stages are necessary to implement various ideas. It will be these steps that will help in providing feedback on what works and what does not work. By clearly defining our goal and building steps toward it, we will be able to build the necessary and appropriate interdependence between programs and policies. The bottom line is that we need to make leaps from our micro- to our macro- social levels within a well-thought out system(s). Without these necessary steps, we may see further fragmenting of our policies, and, hence, the devolution of our human services infrastructures.